

**Abstracts of Grants Active in
FY 1997**

VOLUME THREE

Behavioral and Social Research Program

National Institute on Aging

National Institutes of Health

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May 15, 1998

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Current Staff

Project Officers

Ronald P. Abeles (OAD) - Associate Director
Jared Jobe (CFA)
Marcia Ory (PGR, HCO)
Sidney Stahl (OPS)
Richard Suzman (DEM, HRE, EPI)
Georgeanne E. Patmios (DEM, HRE, EPI)

Program Analyst

Angie J. Chon-Lee

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Michelle Blanco (HCO, OPS, PGR)
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Donna Perry (DEM, EPI, HRE)

Lead Secretary

Lesa McQueen

Behavioral and Social Research

National Institute on Aging

The Behavioral and Social Research (BSR) Program of the National Institute on Aging (NIA) supports basic social and behavioral research and research training on aging processes and the place of older people in society. It focuses on how people change with aging, on the interrelationships between older people and social institutions (e.g., the family, health-care systems), and on the societal impact of the changing age composition of the population. Emphasis is placed upon the dynamic interplay between the aging of individuals and their changing social and physical environments.

BSR's basic goal in supporting research and training and in developing research resources (data sets) and methodologies is to produce a scientific knowledge base for maximizing people's health and functioning in their middle and later years and to increase active life expectancy. This knowledge base is required for informed and effective public policy, professional practice, and everyday life.

The program is guided by three basic assumptions:

1. The processes of aging are neither fixed nor immutable. They are the products of a complex interplay among social, behavioral, and biological factors.
2. Aging processes are influenced by and influence changing cultural, socioeconomic, and population structures, which vary over historical time.
3. Aging processes occur over the entire life course.

These assumptions imply that aging processes are subject to intentional modification and that the developing knowledge base can be used to guide interventions and to evaluate their intended and unintended consequences.

BSR is administratively organized into four units: The Office of the Associate Director, Adult Psychological Development, Demography and Population Epidemiology, and Social Science Research on Aging. In addition, two freestanding and crosscutting units provide leadership within BSR and across NIA in the areas of demographic research and social and behavioral research on Alzheimer's disease. BSR serves also as the administrative locus for the Congressionally mandated Task Force on Aging Research. Brief descriptions of BSR's components and example of research topics are set forth on the following pages.

Office of the Associate Director

301-594-5943

Ronald P. Abeles, Associate Director

Lesa McQueen, Lead Secretary

Angie J. Chon-Lee, Program Analyst

The Office of the Associate Director provides overall scientific and administrative guidance and coordination for BSR's research and research training activities. Attached to the office are the three special administrative units with trans-BSR, trans-NIA, or trans-DHHS responsibilities.

The Coordinating Unit for Burdens of Care for Alzheimer's Disease (under the leadership of Marcia Ory) provides a center within BSR for research on Alzheimer's disease. In 1989, this free-standing unit was established in the Office of the Associate Director, BSR, to coordinate all research activities on the behavioral and social aspects of Alzheimer's disease such as studies of the burdens of family care, interventions to enhance everyday functioning and reduce family caregiving burdens, and the effects and the costs of different long-term care arrangements.

This administrative unit provides an identifiable point of contact for interaction with others within NIA and in the outside community for research on social and behavioral aspects of dementia in later life. Its mission is to summarize research findings and to develop and implement a research agenda on social and behavioral aspects of Alzheimer's disease. Emphasis is on caregivers' perceptions of and responses to Alzheimer's disease, the nature of caregiving, linkages between formal and informal care, interventions to reduce the burdens of care, ethnic differences in caregiving, and the costs of Alzheimer's disease for families and society.

The Office of Demography of Aging (ODA) (Richard Suzman, Director; Georgeanne Patmios, Program Analyst; Angie Chon-Lee, Program Analyst; Donna Perry, Program Assistant) was established late in FY 1991 in order to coordinate and implements a variety of demographic and related initiatives. NIA founded the Office in response to five needs:

- For a coordinated, consistent, dynamic, accurate source of aging-related demographic statistics and projections.
- For broad resources to stimulate and guide the development of aging-related demographic data and methods within NIA and other agencies.
- To be responsive to Congressional support: "The [House Committee on Appropriations, FY 1991] recognizes that many health problems facing our nation have important demographic, social and behavioral dimensions that merit systematic study and reiterates its support for the demographic research programs of the NICHD and NIA as core elements of the NIH's institutional mandate."
- For information and research on the cost of illness, which was and is currently handled on an ad hoc basis by the NIA Office of Planning, Analysis and International Activities (OPAIA), the NIA Director, and program staff. This need extends beyond the boundaries of demography of aging-- including also epidemiology, health services, and some aspects of economics.
- For NIA to reinforce its visibility as a national and international leader in the demography of aging.

In addition to providing NIA staff support and overall guidance to the Federal Interagency Forum on Aging--Related Statistics, the functions of the Office are:

- To facilitate communication and coordination in the development and use of data bases, identification of research opportunities, and in long-range research planning;
- To provide information for answering internal and external requests for demographic facts, developing cost-of-illness analyses, and for disseminating demographic reports; and
- To produce information via the synthesis, evaluation, and analysis of demographic information and the evaluation of selected public policies.

Adult Psychological Development

301-496-3137

Jared Jobe, Chief

Angela Lingham, Grants Technical Assistant

Adult Psychological Development supports research concerned with environmental, social, and behavioral influences on cognitive functioning, personality, attitudes, and interpersonal relations over the life course.

The Cognitive Functioning and Aging research focuses attention on how external environmental factors (e.g., structure of the task) and internal psychological processes (e.g., motivation, emotional state) influence differences among people and affect a person's functioning over the life course. Representative topics include:

- behavior genetics;
- human factors;
- individual differences;
- cognition and health;
- interventions;
- memory strategies;
- perceptual skills;
- problem solving and decision making; and,
- reading, speech, and hearing comprehension.

Research on neuropsychological and pathological aspects of cognition, such as dementia's, is supported by NIA's Neuroscience and Neuropsychology of Aging Program.

Personality and Social Psychological Aging research emphasizes the dynamic interplay among psychological processes and personal relationships in the immediate social environment as people age. Representative topics include:

- attitudes, beliefs, and attributional processes;
- gender, race, social economic status, and personality;
- individual differences;
- interpersonal relationships;
- life course transitions;
- life satisfaction;
- motivation and emotion;
- perceived self-efficacy;
- personality changes over the life course;
- productive behaviors;
- self-concept;
- social cognition;
- social networks and supports; and
- stress and coping behaviors.

Demography and Population Epidemiology

301-496-3138

Richard Suzman, Chief

Georgianne Patmios, Program Analyst

Donna Perry, Program Assistant

Simon Law, Clerk-Typist (Stay-in-School)

Demography and Population Epidemiology supports research and training on the changing older population in regard to its social, demographic, economic, and health characteristics and on the impact of these population characteristics on society as a whole. National and international comparative research is encouraged.

The Population Epidemiology focuses on health and mortality issues at older ages.

Representative topics include:

- prevalence, incidence, and age trajectories of health;
- forecasting of functioning, health and mortality;
- race, ethnic, and socioeconomic differentials in mortality; and
- the epidemiological transition in developing countries.

Representative topics in Demography of Aging include:

- medical and biodemography;
- life and active life expectancy;
- socioeconomic differentials in mortality;
- immigration and migration;
- changes in age-structure of populations; and
- modeling and forecasting of age-related processes.

The Health and Retirement Economics concentrates on economic factors associated with the well being of older people. Representative topics include:

- economic costs of disability (e.g., costs of Alzheimer's disease and related dementia) and cost-effectiveness of interventions;
- labor force participation rates and antecedents and consequences of retirement;
- income distributions, savings, consumption, housing costs;
- intergenerational transfers, long-term-care-related spend downs; and
- international comparisons of disability and pension policies.

Social Science Research on Aging

301-402-4156

Marcia Ory, Chief

Sidney Stahl, Health Scientist Administrator

Michelle Blanco, Grants Technical Assistant

Anthony Cheung, Clerk-Typist (Stay-in-School)

Social Science Research (SSR) on Aging supports research and research training aimed at understanding the biopsychosocial processes linking health and behavior; the structure, process, and outcomes of health care and related services; and the social conditions influencing health, well-being, and functioning of people in the middle and later years. SSR's specific program areas are defined below.

The Psychosocial Geriatrics Research Section (Marcia Ory) is specifically focused on social and behavioral factors as they influence the health and physical functioning of people as they age.

Representative topics include:

- psychosocial predictors of morbidity, functioning, and mortality;
- health behaviors and behavior change interventions;
- illness behaviors and coping with chronic illnesses and disabilities; and
- gender differences in health and longevity with special emphasis on women's health and behavior.

The Health Care Organizations supports research on the antecedents of a wide range of formal health care and related services, as well as on the structure, processes, and outcomes of different formal care systems. Representative topics include:

- basic social science research on health care organizations and the impact of changing health care structures and delivery systems;
- the nature and effectiveness of new and evolving forms of home and community-based services for older people;
- behavioral, social, or environmental strategies for improving institutional care; and
- burdens of care for Alzheimer's disease.

The Older People in Society supports studies of how and with what consequences people are influenced by cultural and social institutions (family, community, societal groups) and how these institutions are, in turn, affected by older people themselves. Interpersonal studies and qualitative approaches are encouraged. Representative topics include:

- intergenerational relationships and grand-parenthood;
- informal caregiving in the family and community;
- work and caregiving roles;
- ethnicity and aging;
- community support networks;
- elder abuse and violence; and
- the influence of religion in the lives of older people.

Explanatory Note

These abstracts are taken from research grants supported by the Behavioral and Social Research Program of the National Institute on Aging (BSR/NIA) that were active during the Fiscal year 1997. In all cases, the abstracts were prepared by the investigators and were obtained from two sources at the National Institutes of Health: a) CRISP (Computer Retrieval of Information of Scientific Projects) or b) the grant application. While an attempt has been made to be as complete as possible, abstracts of some research projects could not be obtained. Consequently, this publication does not represent an exhaustive compilation of all research supported by BSR/NIA.

In addition to including a brief description of the research project, each abstract contains the name and address of the principal investigator, the total (direct and indirect costs) awarded for one year, the BSR Section to which the grant is assigned, and the Initial Review Group that provided the primary scientific peer review of the research application. Moreover, the Project Number includes encoded information. Explanations of these codes are provided below. For example, the Project Number 5 R01 AG05739-03 indicates:

5	Type of Grant
R01	Mechanism
AG	Funding Institute
5739	Project Identifier
-03	Project Year

The abstracts are ordered alphabetically by the Principal Investigator's name within each program section. Abstracts for subprojects of multi-project grants, e.g., Program Project (P01) Grants, are also listed alphabetically by the investigator in charge of the subproject. For further information about specific research projects, please direct your inquiries to the principal investigators.

Bibliographic to key publications associated with each grant have been provided by the Principal Investigator. Many grants do not have listed because the grant is too new to have generated research publications or because they were not provided. from subprojects of multi-project awards are listed under the name of the Principal Investigator of the multi-project grant (not under the name of the Principal Investigator of the subproject). Admittedly, this is rather cumbersome and reflects the fact that the citations were in part collected and organized for other administrative purposes.

Project Number Codes

Type

1	New
2	Competing Renewal
3	Supplement
5	Noncompeting Continuation
6	Change of Institution

Mechanism

R01	Regular Research Project
R13	Conference
R15	Academic Research Enhancement Award
R29	FIRST (First Independent Research Support and Transition)
R37	MERIT (Method to Extend Research In Time)
R43	SBIR (Small Business Innovation Research), Phase I
R44	SBIR, Phase II
P01	Program Project
P20	Exploratory Center
P30/50	Center
K01	SERCA (Special Emphasis Research Career Award)
K04	Career Development
U01	Cooperative Agreement

Selected List of Initial Review Groups

NBSA-B	Neuroscience Behavior and Sociology of Aging (NIA)
BCD-B	Biological and Clinical Aging (NIA)
AGE	Geriatrics Review (NIA)
BEM	Behavioral Medicine (CSR)
EDC	Epidemiology and Disease Control (CSR)
HUD2	Human Development and Aging (CSR)
LCR	Life Course and Preventive Research (NIMH)
NURS	Nursing Research (NINR)
SSP	Social Science and Population (CSR)
SSS	ad hoc Special Study Section
VIS	Visual Sciences (CSR)

Psychosocial Geriatrics Research

PROJECT NUMBER.....1 R29 CA64634-01A1

INVESTIGATOR NAME/ADDRESS

ADLER, SHELLEY R
UCSF, SCHOOL OF MEDICINE
1350 7TH AVE, CSBS-305
SAN FRANCISCO, CA 94143-

AWARD AMOUNT..... \$62,801

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO
TITLE: WOMENS CANCER TREATMENT CHOICES BY COHORT AND ETHNICITY

ABSTRACT:

The objective of this five-year qualitative anthropological study is to describe and examine the reasons for the use of unconventional and/or biomedical cancer treatments among 80 women with clinically-diagnosed breast cancer in San Francisco, California. The study population will consist of two age cohorts of women (35-49 and 60-74) representing three ethnic groups: European American, African American, and Chinese American. This study will investigate social and behavioral factors that play a role in cancer treatment choices, with a focus on life-stage comparisons and an exploratory approach to the influence of ethnicity. The study has three specific aims: (1) to determine the factors that distinguish unconventional cancer treatment users from non-users in the study population; (2) to explore and analyze the reasons for the selection of specific treatments (either biomedical or unconventional) or combinations of treatments (both biomedical and unconventional); and (3) to determine the different configurations of treatment combinations and the manner in which conflicting methods are reconciled.

Data will be collected through a series of four in-depth semistructured interviews with women recently diagnosed with breast cancer. The potential informants will be identified through a rapid case-finding service of the Northern California Cancer Center. Informants will be interviewed initially within approximately two months of diagnosis and three more times at 6 months, 18 months, and 30 months. The data analysis will be undertaken using techniques of qualitative content analysis. The Ethnograph, a social science computer software program, will be used to facilitate the management, sorting, coding, and analysis of the text-based qualitative data.

Presently, it is not possible to characterize people who use unconventional cancer treatments, because research specifically designed to investigate the reasons behind treatment choices has not been undertaken. In particular, there have been no systematic, empirical studies of the influences of health beliefs, age cohort, self-perception of illness, and attitudes toward and knowledge of biomedicine and unconventional medicine. The proposed study will contribute to our understanding of (a) women's health beliefs and behavior in the context of age and ethnicity; (b) the process of medical treatment decision making; (c) the reasons for different treatment choices and configuration; and (d) the characteristics of the people who use unconventional cancer treatments.

PROJECT NUMBER.....1 R43 AG12637-01

INVESTIGATOR NAME/ADDRESS

ALLDREDGE, ELHAM-EID
REDA INTERNATIONAL, INC.
404 LEXINTON DRIVE
SIVER SPRING, MD 20901

AWARD AMOUNT..... \$74,951

PERFORMING ORGANIZATION: REDA INTERNATIONAL, INC.

TITLE: KNOWLEDGE, ATTITUDES, & PRACTICES OF DOCTORS TO MENOPAUSE

ABSTRACT:

The project aims to develop a valid and reliable instrument to collect data from physicians who deal with menopause management. It will be designed to collect data on the knowledge, attitudes, and practices of Obstetricians/Gynecologists and Internists/Family Practitioners regarding menopause management. During Phase I, the instrument will be 1) developed using the literature review and with input from physicians. It will cover the risks and benefits of prescribing hormone replacement therapies, other therapies, their practice regarding menopause management such as dosages recommended and patient follow-up practices, their attitudes towards the treatment of menopause, and demographic and practice questions. 2) The instrument will be pre-tested, revised, and prepared for use in Phase II. A national sample survey of physicians is planned for Phase II. The data will be used to develop two educational tools: one targeted to physicians to fill in gaps in their knowledge about menopause management and one targeted to women who are experiencing that transition to inform them about the various methods of dealing with menopause. Moreover, the data will be used to compare results with other studies conducted in other countries.

PROJECT NUMBER.....5 R44 AG12341-03

INVESTIGATOR NAME/ADDRESS

AVIS, NANCY E

NEW ENGLAND RES INST INC

9 GALEN ST

WATERTOWN, MA 02172

AWARD AMOUNT..... \$429,812

PERFORMING ORGANIZATION: NEW ENGLAND RESEARCH INSTITUTES, INC.

TITLE: MEDIA TRAINING ON MENOPAUSE FOR HEALTH PROFESSIONALS

ABSTRACT:

Over 40 million American women will enter their 40s in the next two decades, and the subject of menopause is gaining widespread attention. Many women are asking physicians for information about menopause and hormone therapy. Unfortunately, health professionals often know little about the normal menopause transition and may not be up-to-date on the risks and benefits of hormone therapy. The purpose of this SBIR is to develop and evaluate a CME-accredited CD-ROM program on menopause and hormone therapy for physicians. The high flexibility, interactivity, and control allowed by CD-ROM technology will allow for sophisticated presentation of audio, visual educational materials and vignettes, production of informational packets customized for patients, and continual updating of information.

Based on years of research experience on menopause from the acclaimed Massachusetts Women's Health Study, the proposed investigators are particularly qualified to develop this program. With Phase aims completed, the specific aims of Phase II are: to finalize the content of the CD-ROM based on the summaries developed in Phase I; to work with Silver Platter on the CD-ROM production; to obtain CME accreditation; to evaluate the CD-ROM in a randomized trial; and to develop a distribution plan with Silver Platter.

PROPOSED COMMERCIAL APPLICATION: With no competing products currently available and market potential of over 650,000 primary care physicians, 125 medical schools and 2,500 nursing programs in the United States alone, the proposed product has tremendous commercial viability. Worldwide distribution will be made possible through a collaboration with Silver Platter Education, the premier publisher of education products with pre-existing market penetration in the medical community and an alliance with the American Medical Association for CME accreditation.

PROJECT NUMBER.....7 R01 AG11042-03

INVESTIGATOR NAME/ADDRESS

BERKMAN, LISA F
HARVARD UNIVERSITY
KRESGE BUILDING
BOSTON, MA 02115

AWARD AMOUNT..... \$284,165

PERFORMING ORGANIZATION: HARVARD UNIVERSITY
TITLE: PHYSICAL AND COGNITIVE FUNCTIONING IN OLDEST-OLD

ABSTRACT:

The long-term objectives of this research are to understand the psychosocial, behavioral and biomedical determinants of differential trajectories of physical and cognitive function in the elderly. We are especially interested in identifying protective factors that promote the retention of higher levels of cognitive or physical function into very old age or those that promote resilience or ability to recover after significant medical events. We aim to accomplish this by conducting an 11 year follow-up survey of the New Haven EPESE, a community-based epidemiologic cohort study of 2812 men and women who were living, non-institutionalized in New Haven, CT in 1982. The cohort has been under continual surveillance for hospitalization, nursing home admission, and mortality since 1982. Subjects have had in-depth face-to-face assessments of physical and cognitive function in 1982, 1985, and 1988 with briefer telephone contacts in interim years. 1457 subjects were alive at the end of 1991. Approximately 1250 will be available to participate in a fourth face-to-face assessment. We propose to reinterview and re-examine subjects in 1993-1994, conduct surveillance in all 3 years and analyses in Years 02 and 03.

The specific aims are:

1. To determine and describe the cognitive and physical abilities of a population-based cohort of men and women all of whom will be at least 75 years of age in 1993 and for whom there will be 11 years of data on longitudinal changes in function.
2. To test hypotheses concerning the role of socioeconomic status, social networks and support, social participation, health practices such as smoking, alcohol consumption and physical activity and biomedical risk factors such as obesity, high blood pressure and diabetes in predicting the retention or decline in physical and cognitive function.
3. To obtain detailed clinical information on three acute-onset medical events: MI, stroke, and hip fracture and investigate the factors that predict long-term course of cognitive and physical function and risk of institutionalization controlling for detailed clinical conditions related to prognosis.

The strengths of this study are 1) its heterogeneous population-based sample with high response rates (between 90-97%) on all follow-up surveys and less than 1% of subjects lost to follow-up; 2) a decade of rich longitudinal data on both risk and protective factors and outcomes; 3) multiple hospital and long-term care surveillance systems which identify and verify over 95% of such events; 4) a cohort which is now entering its period of highest risk.

PROJECT NUMBER.....1 R43 AG13774-01A2

INVESTIGATOR NAME/ADDRESS
BLAIR, IRVINE A
OREGON CENTER FOR APPLIED SCI
1839 GARDEN AVENUE
EUGENE, OR 97403

AWARD AMOUNT..... \$100,000

PERFORMING ORGANIZATION: OREGON CENTER FOR APPLIED SCIENCE
TITLE: INTERACTIVE VIDEO--EDUCATION FOR DEMENTIA CAREGIVERS

ABSTRACT:

This proposal will develop a multi-media education/referral program to be used by informal caregivers of dementia patients. Designed for clinics or senior resource centers, the system will offer guided education, or a "Menu" of topics, including local resource information. In Phase I we will develop a prototype program providing education and local referral. The program will be evaluated for use in hospital resource centers. In Phase II, we will finish development while expanding the education and referral components of the prototype.

PROPOSED COMMERCIAL APPLICATION: Caregivers for persons with dementia often need information or education and referrals to support services. In clinics and HMO's the program can be integrated into patient education.

PROJECT NUMBER.....1 R43 AG14330-01A1

INVESTIGATOR NAME/ADDRESS

BROWN, ERIC W

TECHNOVIEW, INC

AWARD AMOUNT..... \$99,850

4500 CAMPUS DRIVE

NEWPORT BEACH, CA 92660

PERFORMING ORGANIZATION: TECHNOVIEW, INC.

TITLE: INFORMATION FOR IMPROVED CARE OF OLDER PATIENTS AT HOME

ABSTRACT:

The objective of this research is to develop a custom OEM communications module which allows for two-way communication between a variety of electronic medical devices from different manufacturers and a remote monitoring center.

Health care costs in the U.S. have risen from \$27 billion in 1960 to over \$1 trillion in 1995. In response to the increases in health care costs, employers, insurers, and government agencies have sought lower cost alternatives, such as managed care groups (i.e., HMOs), that provide better controls on rising cost levels. Managed care groups are applying cost-containment pressures to reduce the cost of homecare therapies. Nursing visits to patients in the homecare environment are a principal cost component and have been cut back to save money. Patients or caregivers must now administer many of their own therapies, such as IV drug infusions and respiratory care, without the supervision of a nurse. In this new environment, the costs of medical complications and poor outcomes resulting from poor patient compliance are becoming more clearly recognized. The long term goal of this research is to improve patient outcomes in the homecare environment.

PROPOSED COMMERCIAL APPLICATION: The proposed OEM device will allow any electronic instrument to be remotely monitored and controlled. The market potential for the OEM device is \$50-100M annually. The potential savings to the US healthcare system exceed \$1 billion in terms of improved outcome, compliance, and rapid interventions.

PROJECT NUMBER.....1 RO1 AG12900-O1

INVESTIGATOR NAME/ADDRESS

BRUCE, MARTHA L

YALE UNIVERSITY

COLLEGE ST-BOX 208034

NEW HAVEN, CT 06520-8034

AWARD AMOUNT..... \$66,570

PERFORMING ORGANIZATION: YALE UNIVERSITY

TITLE: PSYCHOSOCIAL FACTORS IN PHYSICAL AND SOCIAL DISABILITY

ABSTRACT:

The aim of this proposal is to test the hypothesis that psychosocial factors contribute to physical and social functioning in elderly adults. Although most disability models postulate that underlying physical capacity drives physical functioning which in turn drives social functioning, community based data clearly indicate that these relationships show less than a one-to-one correspondence, leaving considerable unexplained variance in functioning. This proposal requests 2 years funding to conduct secondary data analyses to address a fundamental question in aging research: Why is it that some people function better than would be expected given their capacity while others function more poorly than would be expected? In this proposal, we test the hypothesis that psychosocial factors, specifically depression, social ties, and emotional support, explain some of the otherwise unexplained variance in physical and social functioning in elderly, community-dwelling adults. Specifically, the study hypothesizes that among elderly, noninstitutionalized adults: (1) Depression levels and social ties/support each have a direct effect on physical functioning, net of physical capacity, sociodemographic factors, and medical conditions; (1a) The effect of depression and social ties/support on physical functioning will be greatest among individuals with the highest levels of physical capacity; (1b) Disadvantaged subgroups of the population, as defined by sociodemographic characteristics, are more vulnerable to the effects of depression and social ties/support on physical functioning; (2) Depression levels and social ties/support each have a direct effect on social functioning, net of physical functioning, sociodemographic factors, and medical conditions; (2a) The effect of depression and social ties/support on social functioning will be greatest among individuals with highest levels of physical functioning; (2b) Disadvantaged subgroups of the population, as defined by sociodemographic characteristics, are more vulnerable to the effects of depression and social ties/support on social functioning; and (3) The effects of depression and social ties/support on functioning persist after taking into account the reciprocal effects of functioning on depression and social ties/support. These hypotheses will be tested using 3 existing longitudinal community-based data sets. Although these data sets share many characteristics in terms of sampling and measures, their differences in terms of time periods between interviews, average level of functioning, and conceptualization of depression allow the proposed analyses to test the robustness of findings under varied sampling and measurement conditions. The analytic strategy has two parts: (1) risk factor analysis; and (2) structural equation analysis to test hypothesized models of the causal relationships among variables. By examining factors, which contribute to both physical and social functioning in the same set of analyses, this application proposes a more complete examination of the disabling process than currently available in the literature. Because both depression and disadvantaged social ties/supports are problems found in elderly populations and are potentially modifiable, identification of their contribution to physical and social functional levels becomes an important strategy for intervening into declining functioning and negative sequelae such as dependence and mortality.

PROJECT NUMBER.....3 K01 AG00843-01S1

INVESTIGATOR NAME/ADDRESS
BURNETT, CAROLINE B
GEORGETOWN UNIVERSITY MED CTR
3970 RESERVOIR ROAD NW
WASHINGTON, DC 20007-2197

AWARD AMOUNT..... \$16,200

PERFORMING ORGANIZATION: GEORGETOWN UNIVERSITY
TITLE: CANCER SCREENING GUIDELINE ADHERENCE--UNDERSERVED ELDERERS

ABSTRACT:

The candidate's long-term career goal is to develop the requisite skills to become an independent nurse researcher in cancer prevention and control with a primary focus on elderly, minority, and medically under-served populations. Related career development objectives include: 1) developing a research agenda that targets key issues for nurse based cancer control targeted to high risk women, such as non adherence to cancer screening guidelines: availability of definitive care for those screened; and cost implications of innovative approaches to screening; 2) developing strong theoretical knowledge base in cancer r prevention and control related sciences. E.g. epidemiology, behavioral science, and health and services research; and 3) exploring ethical issues surrounding provision of cancer screening to vulnerable and at risk populations. This proposal is consistent with the candidates immediate and long term career goals. This proposal will use an existing cohort of 23300 low income African American women who participated in a mammogram screening program in the District of Columbia to describe barriers to regular ongoing mammography screening participation among elderly women, and to test an innovative nurse-based randomized clinical trial. (RCT) deigned to increase regular annual screening use. The specific aims of the research are to: 1) develop profiles of elderly minority, poor women of the District of Columbia who do or do not adhere to annual breast cancer screening deadlines; 2) determine the relationship between structural, process, objective and subjective factors to screening guideline adherence; 3) conduct an RCT that compares a nurse-based community outreach model with a nurse based in reach approach designed to enhance adherence by elderly; and, 4) determine cost effectiveness of each of the interventions. The primary hypothesis to be tested in this study is that women who receive an intensive nurse based community intervention will adhere to breast cancer screening guidelines (i.e., return for annual mammography) more often than those who receive a nurse-based in reach approach., or more often than control who receive standard information about breast cannier screening. This research will fill important gaps in our knowledge on how to using nursing practice to improve the poor breast cancer outcomes experienced by elderly, minority, and poor women.

PROJECT NUMBER.....U01 AG013313-01

INVESTIGATOR NAME/ADDRESS

BURNS, ROBERT

VAMC

AWARD AMOUNT..... \$424,952

1030 JACKSON AVENUE

MEMPHIS, TN 38104

PERFORMING ORGANIZATION: VAMC - ACOS GERIATRICS/EXTENDED CARE

TITLE: ENHANCING FAMILY CAREGIVING FOR ALZHEIMER'S DISEASE

ABSTRACT:

Objective: Examine the feasibility of primary care interventions designed to decrease the burden of family caregivers of patients with Alzheimer's Disease and related dementias (ADRD).

Background: Although the burden and stress associated with caring for Alzheimer's patients is well documented, there is no agreement about which interventions best help family caregivers to cope. Caregivers frequently look to their primary care providers for assistance in dealing with patient behaviors and in managing their own burden; however, due to lack of knowledge, time and resource constraints, the formal health care system has not always been as supportive of caregivers as the informal system.

Methods: Caregivers of patients with dementia enrolled in two TennCare Managed Care Organizations in Memphis, TLC and Health First will be eligible for the study. Caregivers will be identified and recruited into the study through primary care providers. A total of 240 caregivers will be randomized to one of four stepped intervention groups: Unusual Care; Information Care - written information on patient behavior management; Behavior Care - written information plus skills training in patient behavior management; and Enhanced Care - written information, skills training plus behavioral modification strategies to decrease stress for the caregiver.

As caregivers frequently cannot attend additional support services, the interventions will be in the context of primary care visits by the patient. Following a checklist protocol, MCO physicians will discuss issues with intervention group caregivers and trained study interventionists will provide written information, patient behavior skills training and stress behavior modification.

Outcomes to be assessed include: caregiver burden, depression, life satisfaction, perceived health status, and utilization of health care for caregiver and patient. Data will be analyzed by caregiver intervention assignment.

PROJECT NUMBER.....5 R44 AG12311-03

INVESTIGATOR NAME/ADDRESS

CALKINS, MARGARET P

IDEAS INC

AWARD AMOUNT..... \$347,352

1600 RYDALMOUNT ROAD

CLEVELAND, OH 44118-1352

PERFORMING ORGANIZATION: INNOVATIVE DESIGNS/ENVIRONMENT/AGING SOC

TITLE: ENVIRONMENTAL ASSESSMENT PROTOCOL FOR SPECIAL CARE UNITS

ABSTRACT:

The goal of this project is to develop a product that will educate care-givers in long-term care settings on the therapeutic role of the physical environment and provide a facility-specific assessment with detailed recommendations for environmental modifications support the needs of residents with dementia. Research has suggested that as many as 70% of individuals in long-term care settings suffer from confusion or dementia. However, nursing homes were originally developed as sub-acute hospitals, intended to provide medical care for chronic or otherwise untreatable diseases, hence meeting the non-medical needs of residents with Alzheimer's disease and related dementias presents a significant challenge. Specifically, this project will develop an environmental assessment protocol to aid long-term care facilities in diagnosing the appropriateness of their environment for residents with dementia (developed in Phase I, to be further validated in Phase II); it will produce environmental sensitivity training materials to increase awareness of the therapeutic role of the environment in caring for this population (Phase II); and it will create an environmental modification recommendation procedure that increases access to the information necessary to implement relevant environmental modifications (Phase II). Administrators surveyed indicated overwhelming support for this type of product.

PROPOSED COMMERCIAL APPLICATION: The vast majority of long-term care settings were designed without an understanding of the needs of individuals with dementia. Few facilities can build replacement buildings, but many are able to renovate. This product provides environmental sensitivity training, a facility-specific assessment, and detailed recommendations for environmental modifications at a price affordable to virtually all long-term care settings.

PROJECT NUMBER.....7 R01 MH48642-02S1

INVESTIGATOR NAME/ADDRESS

CATANIA, JOSEPH A

UCSF, SCHOOL OF MEDICINE

74 NEW MONTGOMERY

SAN FRANCISCO, CA 94105

AWARD AMOUNT..... \$46,330

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO

TITLE: LONGITUTINAL NATIONAL AIDS BEHAVIORAL SURVEY

ABSTRACT:

The proposed project will fill an important gap in understanding how the AIDS epidemic has affected AIDS-related risk behavior of Americans aged 50-75 by 1) surveying elders for sexual practices such as number of sexual partners, unprotected vaginal/anal intercourse, condom use, HIV antibody test-seeking, and AIDS-relevant beliefs, 2) identifying psychosocial predictors of risk behaviors, 3) allowing comparative data on risk behaviors between older and younger individuals, and 4) sexual negotiation skills and behaviors.

PROJECT NUMBER.....5 R29 AG12987-03

INVESTIGATOR NAME/ADDRESS

CLARK, DANIEL O

REGENSTRIEF INSTITUTE

1001 WEST 10TH STREET

INDIANAPOLIS, IN 46202-2859

AWARD AMOUNT..... \$110,445

PERFORMING ORGANIZATION: INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS

TITLE: FUNCTIONAL STATUS, EXERCISE, SES, & RACE AMONG THE AGED

ABSTRACT:

Functional decline has been shown to be associated with more ambulatory care visits, hospitalizations, and nursing home placements, as well as increased risk of experiencing a fall, morbidity, and even death. Blacks and those low in socioeconomic status (SES) are consistently found to be at considerably greater risk of functional decline. Functional status can be maintained and even improved through regular, moderate intensity physical activity and exercise. Thus, identifying factors associated with physical activity and exercise holds considerable importance for individuals and society. Unfortunately, very few studies have attempted to document the health behaviors of low SES or minority older adults. Without such information, future health promotion efforts aimed at increasing physical activity and exercise in particular, and functional status in general, among minority older adults and those low in SES will not be maximally effective. This application proposes a longitudinal investigation of the relationship between physical activity, exercise, and functional status trajectories among poor and near poor, White and Black older men and women. The proposed study has two general objectives. The first is to investigate age cohort, race, gender, income, and educational differences in functional status trajectories and their association with physical activity and exercise among poor and near-poor, White and Black older adults. The second objective is to investigate the antecedents of physical activity and exercise, and sociodemographic and temporal variations in psychosocial factors that affect exercise trajectories (i.e., sense of control, exercise self-efficacy, the pros and cons of exercise, and real and perceived barriers to exercise adoption).

To fully address these questions, data will be drawn from several sources. A number of focus group sessions and existing data sets will be analyzed to assess the reliability and validity of existing measures and guide additions to and revisions of the draft survey protocol (Appendix A). A sample of 800 poor or near poor adults aged 55 and over stratified by age (55 to 74, 75 and over), sex (male and female), and race (White and Black) will be identified through the Regenstrief Medical Records System (RMRS), which is the computerized medical charting medium for all patients receiving care at the Wishard Memorial Hospital (WMH) and its outpatient clinics. A baseline telephone survey and 8, 16, and 24-month follow-ups will provide information on health and functional status, physical activity, exercise, exercise self-efficacy, pros and cons of exercise, and perceived barriers to exercise. Health care use, cost, and medical diagnostic data from the RMRS will be linked to the survey data.

FY 1997 Abstracts - PGR GRANT

PROJECT NUMBER..... N43 AG62118

INVESTIGATOR NAME/ADDRESS

COOK, MARY ANN

JVC RADIOLOGY & MED ANALY

6319 ALEXANDER DRIVE

ST. LOUIS, MO 63105

AWARD AMOUNT..... \$67,183

PERFORMING ORGANIZATION: JVC RADIOLOGY AND MEDICAL ANALYSIS

TITLE: ASSESSMENT OF DOCTOR-ELDERLY PATIENT ENCOUNTERS

ABSTRACT:

Solicitation of the PHS for SBIR Contract proposals to develop an instrument for standardized assessment of Doctor-Elderly Patient Interactions.

PROJECT NUMBER.....5 R29 AG13019-03

INVESTIGATOR NAME/ADDRESS
CORCORAN, MARY A
GEORGE WASHINGTON UNIVERSITY
2300 I STREET, N W
WASHINGTON, D. C. 20037

AWARD AMOUNT..... \$117,328

PERFORMING ORGANIZATION: GEORGE WASHINGTON UNIVERSITY
TITLE: CAREGIVING STYLES OF SPOUSES WHO PROVIDE DEMENTIA CARE

ABSTRACT:

The behavioral manifestations of dementia can pose significant management difficulties for family members who provide daily care for a moderately impaired elder. Behavioral difficulties are particularly challenging for spouse caregivers, who are highly committed to caregiving, reside with the care recipient, and tend to be the only resource for care. Although the emotional and economic costs of caregiving have been documented, the actual processes by which care is provided by spouses and the ways in which behaviors are managed have not been systematically examined. Also, the relationship between cognitive appraisal and gender and race have not been examined, nor the relationship between specific caregiving actions and well-being.

The purpose of this study is to develop and describe a typology of thinking and action processes by which spouses manage the daily care and difficult situations that arise in caring for their family member. These thinking and action processes are referred to as caregiving styles by the investigator. Thinking processes are comprised of the caregiver's beliefs as to what is happening to their family member, the meaning of these changes, and the exposed approaches for solving care related problems. Action processes represent the actual management strategies used by the spouse care given on a daily basis.

Support is sought through a FIRST Investigator Award to conduct a five year study of the diversity in thinking and action processes of spouse caregivers (N=100). Three specific aims of the study are to: 1) Describe the thinking and action processes of spouses who provide care in the home for their spouse with moderate dementia; 2) Develop a typology of caregiving style by describing the ways in which thinking and actions are combined; and, 3) Compare caregiving style by gender and race.

A secondary aim of this study is to examine the associations between caregiving styles and well-being (depression, burden, and uplifts). The research design for the proposed study emphasizes data collection through in-depth interviews and observations in 3 home visits, designed to build on one another, beginning with an examination of thinking processes related to care in Visit One. In Visit Two, observations of the caregiver while working with the impaired spouse during a meal preparation and eating activity will form the basis for open-ended questions about the caregiver's perceptions on his/her actions. In Visit Three, the caregiver will choose a care activity which typifies his/her approach to care for interviewer observation. Through interview, the caregiver will compare thinking and action, and reflect on the origins and challenges of care approaches. As a result, the investigator will gain additional insight as to how thinking and action are combined. Thematic analysis is used to examine the diversity in thinking and action and to develop and describe caregiving styles, and qualitative display matrices are used to compare styles associated with several factors, such as well-being.

This study builds upon and expands preliminary work by the PI and ongoing funded research efforts in dementia management in collaboration with the Co-Investigator. It is anticipated that the outcomes of this study, better understanding of the process of caring by spousal caregivers, has significance for the development of culturally relevant, effective caregiver services.

PROJECT NUMBER.....1 R03 AG15160-01

INVESTIGATOR NAME/ADDRESS
CONTRADA, RICHARD J
RUTGERS STATE UNIVERSITY

AWARD AMOUNT..... \$78,431

NEW BRUNSWICK, NJ 08903

PERFORMING ORGANIZATION: RUTGERS THE STATE UNIV NEW BRUNSWICK
TITLE: RELIGION & SPIRITUALITY IN RECOVERY FROM CARDIAC SURGERY

ABSTRACT:

Despite a major downturn in the 1960s and 1970s, cardiovascular disease remains the most common source of morbidity and mortality in the United States. As a result, many individuals can expect to develop diseases of the heart and blood vessels and to undergo invasive treatments such as valve surgery (VS) and coronary artery bypass graft surgery (CABG). Notwithstanding the high level of safety and clear benefits experienced on average among patients receiving these treatments, there is substantial variability in both medical and psychological outcomes. The inability of biomedical variables to account fully for this variability has stimulated interest in psychological and social factors that may influence the course of recovery from invasive cardiovascular treatments such as VS and CABG. Research in this area has examined the role of person factors, such as personality characteristics and depression, as well as social characteristics, such as extent and quality of patients' social support networks. However, very little attention has been given to the role of religiousness in recovery to cardiac surgery. Religiousness is a major personal and social resource for many people, yet it has only recently become a topic of systematic study as a predictor of health outcomes in individuals faced with major life stressors. In the proposed study, religiousness and spirituality will be examined as predictors of psychological well-being, physical health, and mortality in 80 patients undergoing VS or CABG at UMDNH-RWJ Medical School. Psychosocial assessments will be conducted prior to surgery on the day of pre-admission testing, and at 1 month and 6 month follow ups. Hypotheses to be addressed concern the construct validity of measures of religiousness and spirituality, the association between religiousness/ spirituality and outcomes of surgery, the effects of surviving surgery on religiousness/ spirituality, and the role of psychological and social mechanisms that may explain associations between religiousness/ spirituality and surgical recovery.

PROJECT NUMBER.....5 F31 AG05700-03

INVESTIGATOR NAME/ADDRESS
CONYERS, JACQUELINE R

AWARD AMOUNT..... \$18,506

27781 ROTA
MISSION VIEJO, CA 92692

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA IRVINE
TITLE: ALZHEIMER PATIENT'S CAPACITIES AND CAREGIVER ASSESSMENTS

ABSTRACT:

One aspect of Alzheimer's Disease (AD) that is relatively unstudied is the capacity of the AD to be a part of their health care decisions. The patient with probable AD is faced with many dilemmas in life, particularly health care issues. The stages of AD progression, early, middle, and terminal, often overlap and can span several years. The AD patient in the early stages of the disease, unlike the patient in later stages who has very little or no cognitive ability is not only confronted with recognizable decline of intellectual functioning, but is faced with the presumption by many Health Care Providers (HCPs) and caregivers of their inability to take part in a medical discourse. Frequently the Ad patient is treated as a non-communicative, non-participant in health care decisions. AD patients vary in their impairments in the early stages of the disease, the sense of disconnectedness through disregard, often deprives the AD patient of his/her sense of personhood. The aim of their study is to identify and evaluated the views of the HCPS, and caregivers perceptions of the early AD patient's participation in their clinical assessment.

PROJECT NUMBER.....5 U01 AG13297-03

INVESTIGATOR NAME/ADDRESS

EISDORFER, CARL

UNIVERSITY OF MIAMI

AWARD AMOUNT..... \$507,302

1425 N W 10TH AVE, STE 200

MIAMI, FL 33136

PERFORMING ORGANIZATION: UNIVERSITY OF MIAMI

TITLE: FAMILY-BASED INTERVENTIONS FOR CAREGIVERS

ABSTRACT:

The proposed study will examine the efficacy of an innovative Family-based Structural Multisystems In-home Intervention (FSMII) as well as the innovative combination of Family-based Structural Multisystems In-home Intervention and a Computer Telephone Integration System (CTIS). These approaches combine psychosocial and engineering solutions to the problems confronted by Cuban American and White American caregivers of a patient with Alzheimer's disease. The study uses an experimental design in which 300 subjects (caregivers, patients and their families) are randomized to one of three conditions: 1) FSMII, 2) FSMII + CTIS, and 3) Control defined in terms of the usual care provided by local Memory Disorders Clinics. Subjects will be assessed at baseline and at 6, 12, and 18 months after baseline on a battery of outcome variables that include caregiver burden, distress, perceived social support and caregiver satisfaction. The subject population will be obtained from the patient flow at two Memory Disorders Clinics and will be defined as patients with possible or probable Alzheimer's disease, caregiver's with moderate to high subjective rating of caregiving distress, and Cuban or American born. Considerable rigor has been introduced in the form of treatment integrity procedures, blind raters and interviewers, and use of standardized measures. Variables postulated to mediate outcome include measures of family interactional functioning and family coping.

Substantial in-kind contributions will be obtained in the form of approximately \$60,000 worth of specialized phone equipment required for the implementation of the Computer Telephone Integration System intervention. In addition, careful diagnosis of possible or probable Alzheimer's disease following stringent NINCDS-ADRDA criteria are obtained at no charge to the study through the Memory Disorder Clinics that are directed by Principal Investigator.

A central thrust of this study is to utilize interventions that are considered to be appropriate with Cuban American and White American populations. Special attention will be given to cultural specificity in the conduct of these interventions.

This study brings together a very senior interdisciplinary team of scientists/clinicians with expertise in aging, caregiving for dementia patients, family and multi-systems therapy, cultural diversity, and human factors engineering.

PROJECT NUMBER.....5 F33 AG05735-03

INVESTIGATOR NAME/ADDRESS
FIELDS, JEREMY Z

AWARD AMOUNT..... \$35,300

1837 WESLEY AVENUE
EVANSTON, IL 60201

PERFORMING ORGANIZATION: MAHARISHI UNIVERSITY OF MANAGEMENT
TITLE: CONVENTIONAL AND ALTERNATIVE HEALTH PROMOTION IN AGING

ABSTRACT:

The broad, long-term objective of the research proposal is to determine whether it is possible, using multi-modality lifestyle interventions, to significantly modify "usual aging", i.e. to slow, stop or even reverse decrements associated with aging. The specific aims of the 3-year study are to conduct a single-blind, controlled clinical trial comparing the effects of a conventional and an alternative multi-modality intervention relative to a usual care control on three sets of variables relevant to health and successful aging: 1) Physiological measures including blood pressure, cholesterol, DNA damage, lipid peroxides, body weight, musculoskeletal dexterity, and neurohormones (DHEA, somatomedin growth hormone, cortisol); 2) Cognitive measures including short- and long-term memory, cognitive flexibility, choice reaction time, fluid and crystallized intelligence; 3) Psychological quality of life measures including life satisfaction, psychological distress, self-efficacy, health locus of control, global health, self-development and ego integration. This newly-funded study will be conducted under the direction of an interdisciplinary team using a community-based sample of 165 elderly individuals (>65 y.o.). It will yield valuable information on the underlying mechanisms and the synergistic effects of multi-modality approaches to successful aging. Because this study provides a rigorous empirical investigation of a major alternative medical approach, NIH's Office of Alternative Medicine has expressed a strong interest in funding this proposal.

PROJECT NUMBER.....U01 AG13289-01

INVESTIGATOR NAME/ADDRESS
GALLAGHER-THOMPSON, DOLORES
VA PALO ALTO HLTH CARE SYST
3801 MIRANDA AVE. 182-B GRECC
PALO ALTO, CA 94304

AWARD AMOUNT..... \$375,826

PERFORMING ORGANIZATION: VA - PALO ALTO HEALTH CARE SYSTEM
TITLE: TREATMENT OF DISTRESS IN HISPANIC AND ANGLOCAREGIVERS

This project is designed to investigate the relative effectiveness of a psychoeducational class and an enhanced support group in the treatment of distress in Hispanic and Anglo caregivers. However, due to the nature of this cooperative agreement, modifications have been made to the research design. Specifically, these modifications include an improved psychoeducational intervention (Coping with Caregiving) that was refined over the past planning year (Year 01). This intervention incorporates components from the two psychoeducational class programs described in the original competing application (an anger management class and an increasing life satisfaction class). In addition, a telephone comparison group and an additional follow-up assessment (18 months) have been added to the design to match other sites in the cooperative agreement. The enhanced support group described in the original application was retained.

PROJECT NUMBER.....5 U01 AG13265-02

INVESTIGATOR NAME/ADDRESS
GITLIN, LAURA N
THOMAS JEFFERSON UNIVERSITY
130 SOUTH 9TH ST, SUITE 2200
PHILADELPHIA, PA 19107-5233

AWARD AMOUNT..... \$395,221

PERFORMING ORGANIZATION: THOMAS JEFFERSON UNIVERSITY
TITLE: HOME ENVIRONMENTAL SKILL-BUILDING PROGRAM FOR CAREGIVERS

ABSTRACT:

This application seeks support to test the feasibility and effectiveness of an intervention for caregivers of persons with Alzheimer's Disease and Related Disorders (ADRD). The intervention is a 16-week, home-based service entitled "Environmental Skill-building Program (ESP)." The purpose of the program is to provide caregivers with the necessary skills and technical support to manipulate the home environment to change and control the severity of behavioral problems affecting the performance of activities of daily living (ADL) in individuals with ADRD. The Environmental Skill-building Program is a standardized, reproducible program. It uses a combination of protocols that are selected based on decision rules which prioritize specific problem areas of ADL management that may result in caregiver physical and emotional strain. The program is based on the theoretical framework of competence-environmental press and a model from occupational therapy of the environment conceptualized as four hierarchical layers: objects (physical items), tasks (daily routines), social groups (household composition and social resources) and culture (shared values and beliefs). A two-group randomized design will be used to: 1) test the short- and long-term effect of the home Environmental Skill-building Program (ESP) on caregiver use of environmental strategies; 2) test the short- and long-term effect of ESP on frequency of problem behaviors and ADL functioning in individuals with mild and moderate ADRD; 3) test the short- and long-term effect of ESP on physical and emotional burden in caregivers; and 4) describe similarities and difference of types of environmental strategies used by caregivers for individuals with mild versus moderate dementia. A sample of 250 caregivers from diverse cultural and economic backgrounds who reside with and care for an individual with mild or moderate dementia will be recruited from the Philadelphia Corporation for Aging's Long Term Care Access Unit. Eligible participants will be interviewed in their home (Time 1) and then randomly assigned to either an experimental or control group condition which will not receive grant supported services. Randomization will be stratified by caregiver gender (male vs. female) and familial relationship (spouse vs. non-spouse). All subjects will receive a home interview at Time 2 (five months from baseline) and a telephone interview at Time 3 (12 months from baseline). This research represents the collaborative efforts among an interdisciplinary team of researchers and occupational therapists in the College of Allied Health Sciences, Thomas Jefferson University and health and human service professionals and housing modification experts at the Philadelphia Corporation for Aging (PCA), an Area Agency on Aging.

PROJECT NUMBER.....5 U01 AG12554-04

INVESTIGATOR NAME/ADDRESS

GOLD, ELLEN B

UNIV OF CALIFORNIA, DAVIS

ONE SHIELDS AVENUE

DAVIS, CA 95616

AWARD AMOUNT.....\$59,450

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA DAVIS

TITLE LIFESTYLE AND OVARIAN FUNCTION IN MID-LIFE WOMEN

ABSTRACT:

Over the next two decades, nearly 40 million American women will experience menopause, with half a million women being added to the mid-life population each year for the rest of this decade. Despite the fact that menopause is a universal female phenomenon that affects millions of women and costs billions of dollars in health care resources each year, it is incompletely understood. The effects of lifestyle, sociocultural, dietary and psychological factors on occurrence of menopausal symptoms and on changes in ovarian function that accompany menopause have largely not been well studied.

In the present research, we propose to: 1) study the relationships of diet, body mass and body composition, physical activity, active and passive smoking, occupational and reproductive factors, and psychological and socio-cultural factors to risk of experiencing menopausal symptoms, age at onset of the peri-menopause and to changes ovarian function; 2) study the relationships between ovarian function, body composition and bone density; and 3) identify factors associated with successful strategies for managing and minimizing peri-menopausal symptoms. We will recruit 200 Chinese-American women and 200 Caucasian women aged 43-48 years, from the membership of the Kaiser Permanente Medical Care Program in San Francisco. At baseline, all eligible, willing participants will be complete: a detailed in-person interview (including questions on demographic, reproductive, medical and occupational factors and degree of acculturation) with a bicultural, bilingual interviewer; weight and body composition measurements; blood draw for serum estrogen, gonadotropins, androgens and lipids; bone densitometry; a self-administered dietary questionnaire; a self-administered personality and psychological profile; and two complete menstrual cycles of daily urine collection to measure urinary metabolites of estrogen and progesterone and gonadotropins. Women will be followed for at least two years using: weekly urine sample collection to monitor changes in urinary metabolites of steroid hormones and gonadotropins; daily diary collection for information about menstrual bleeding patterns, menopausal symptoms, illnesses, medications, nutritional supplements, smoking and exercise; annual telephone questionnaires to detect changes in lifestyle characteristics; annual two-cycle daily urine collection; annual weight, body composition and bone densitometry measurements; and annual blood sampling for estrogen, gonadotropins, androgens, and lipids.

In collaboration with the other clinical centers, we hope to answer a number of the many outstanding questions regarding the role of lifestyle, socio-cultural factors and ovarian function in the risk of age at onset of perimenopause, risk of experiencing symptoms and subsequent disease risk.

PROJECT NUMBER.....5 R01 AG12025-03

INVESTIGATOR NAME/ADDRESS

GOLDSTEIN, MICHAEL G

MIRIAM HOSPITAL

164 SUMMIT AVE

PROVIDENCE, R I 02906

AWARD AMOUNT..... \$298,647

PERFORMING ORGANIZATION: MIRIAM HOSPITAL

TITLE: ACTIVITY COUNSELING TO LOWER CARDIOVASCULAR DISEASE RISK

ABSTRACT:

Physical activity has been shown to have beneficial effects on several important health outcomes (coronary heart disease, stroke, hypertension, osteoporosis). However, the physical activity level of the adult population is low. A major public health challenge is to increase the activity level of older people who often have a lifetime history of sedentary behavior, to a level beneficial for health. This proposed demonstration and education project will address this well recognized problem.

Specially, we will combine the expertise and experience of The Miriam Hospital Division of Behavioral Medicine, the New England Research Institute, and the Brown University Center for Gerontology and Health Care Research to implement and evaluate the effectiveness of an office-based, physician-delivered intervention to increase the physical activity of sedentary older people. The major aims of this project are:

1. To experimentally evaluate whether the mean activity level of sedentary older patients in physician practices administered a multi-disciplinary stage-matched activity intervention can be increased compared to the mean patient activity level of practices administering usual care;
2. To assess the degree to which changes in physical activity are maintained over a six month follow-up period after withdrawal of the intervention, and;
2. To identify patient, physician and office organizational characteristics that influence the effectiveness of the intervention program.

We will conduct a six month physician-delivered intervention within office practices designed specifically to increase physical activity in sedentary older patients. The intervention will be base on the Transtheoretical Model of Behavior Change. The major components of the intervention will be: (1) physician training in office-based counseling; (2) individualized patient counseling; (3) physician support system; and activity level and stage of adoption of physical activity. The maintenance of change in patient physical activity and stage of adoption will be assessed during a six month follow-up period. Patient data relative to the major outcomes will be collected at baseline, 6 weeks, and 6 and 12 months following the baseline visit. Physician and office organization data will be assessed at the time of recruitment and the end of the intervention period. Process data on the quantity and quality of the intervention will also be assessed.

PROJECT NUMBER.....9 R01 AG15301-09

INVESTIGATOR NAME/ADDRESS

GRANT, IGOR

UNIV OF CALIFORNIA, SD

AWARD AMOUNT..... \$373,442

9500 GILMAN DRIVE, DEPT 0603

LA JOLLA, CA 92093-0603

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN DIEGO

TITLE: ALZHEIMER CAREGIVING COPING--MENTAL AND PHYSICAL HEALTH

ABSTRACT:

In this competing renewal we request five years of support to continue our inquiry into adaptation and health outcomes among Alzheimer caregivers (CG). Our major hypotheses are: 1) that the chronic stress of caregiving will be reflected in physiologic measures of activation - altered hypothalamic-pituitary-adrenal (HPA) axis sensitivity, increased sympathoadrenal medullary (SAM) activity, and reduced natural killer (NK) cell activity; and 2) that over time those CG with highest caregiver stress will show the most significant physiological alterations which will be predictive of worsening CG health.

The research is guided by a conceptual model which postulates that to understand the effect of stressors on CG health we must consider the influence of certain mediators and background characteristics. Stressors can be patient-derived (dementia, problem behaviors, help required) or environmental (life events) leading to CG role overload. Mediators are interpersonal (supports) and intrapersonal (self-concept, coping activity). Background characteristics include age, gender socioeconomic status, and past health. The outcomes of caregiving are conceptualized at 3 levels: physiologic (HPA alteration., SAM activation, NK activity), psychologic (anxiety, depression), and physical (symptoms, illness episodes). The study has two components. In the "field" study 200 spousal CG and 80 noncaregiving controls (NC) will be examined every 6 months for 5 years. Data will be gathered on state and needs of the patient, life stresses, resources, supports, medical events, and psychological state of CG. Blood samples for NK, cortisol, ACTH, norepinephrine, epinephrine and neuropeptide Y will be drawn in the CG home during a blood pressure postural reactivity protocol.

Nested in the field study is our 'laboratory' study which will, for the first time, attempt to probe HPA axis sensitivity and SAM activation in CG experiencing varying levels of caregiver stress. Here we shall perform corticotropin releasing factor (CRF) infusion studies, as well as sympathetic reactivity studies with 60 CG and 30 NC "selected" to be free of major medical confounds (including medications). The data from this phase should move caregiver research closer to understanding mechanisms linking caregiver stress, physiological response, and health.

PROJECT NUMBER.....5 R37 AG08557-07

INVESTIGATOR NAME/ADDRESS

HAUG, MARIE R

CASE WESTERN RESERVE UNIV

10900 EUCLID AVE

CLEVELAND, OH 44106-4904

AWARD AMOUNT..... \$179,260

PERFORMING ORGANIZATION: CASE WESTERN RESERVE UNIVERSITY

TITLE: STRESSES, STRAINS AND ELDERLY PHYSICAL HEALTH

ABSTRACT:

The effects of stresses and strains on health has been the subject extensive research, almost entirely in terms of professionally diagnosed disease, or mortality, and generally without special focus on the elderly. This proposal deals with the issue from a biopsychosocial perspective, namely using as the health measure a person's perception that experienced symptoms constitute illness, whether or not these symptoms are ever identified as a disease, by a health professional . This more inclusive conceptualization of illness is congruent with the psychosocial meanings attributed to stresses and strains by persons experiencing them. The proposal also links stresses to perceived illness through psychological mediating variables. This process is examined in a four year longitudinal study of a random sample of 1000 persons aged 65 and over in an urban and suburban community. The elderly are selected as a target of study because they have seldom been included in research on stress and health, despite the fact that older persons may suffer major negative life events such as losses of relatives and friends, and also be subject to ongoing strains in their daily lives due to economic and mobility problems. As a consequence they may be particularly vulnerable to worry and sadness, which in turn may lead to experienced physical complaints self-assessed as symptoms of illness. Using a random sample of elderly selected from Medicare rolls, data will be collected four times at six month intervals, at the first and last time points by personal interview, and at the second and third by telephone interview. In addition a subsample will complete a one month health diary. This design will permit identification of causal relationships linking life events and/or strains through psychological mediators to perceived physical symptoms. The design will also permit analysis of possible reciprocal relationships between mediators and illness symptoms. In focusing on the elderly and including all experienced illness as related to stressors, as well as in identifying the psychological link between stressor and physical complaints, this proposal makes a unique contribution to knowledge concerning biopsychosocial issues and the well-being of the elderly.

PROJECT NUMBER.....1 R43 AG14618-01

INVESTIGATOR NAME/ADDRESS

HOBDAY, JOHN V

PERCEPTUAL MULTIMEDIA INC.

5409 W HIGHWOOD DRIVE

MINNEAPOLIS, MN 55436

AWARD AMOUNT..... \$100,000

PERFORMING ORGANIZATION: PERCEPTUAL ENGINEERING, INC.

TITLE: CD-ROM/INTERNET ALZHEIMER'S CAREGIVER EDUCATION PROGRAM

ABSTRACT:

Alzheimer's is a major disabling disorder. The number of persons in the United States with dementing disorders, now between 4-5 million, will reach 14 million by the year 2020 [11]. Caregiving is associated with higher than usual health and mental health problems, family disharmony, and social isolation [16-18]. To impact this situation, Perceptual Engineering will develop a CD-ROM/Internet resource for caregivers and families of patients suffering from Alzheimer's. This Phase I proposal will develop the multimedia components of the first ten (10) of what will be an eventual fifty (50) Most Commonly Asked Questions about disease. This proof of concept prototype will be created as a shell, enabling its reuse for future versions focused on other diseases. Focus groups will identify, test and validate the process and selection of the fifty Most Commonly Asked questions, and evaluate program effectiveness. A report of findings will accompany the CD-ROM prototype developed during Phase I. Phase II will develop content and programming for additional modules, including the remaining forty (40) Most Commonly Asked Questions. Primary commercialization will concentrate on marketing agreements with medical publishers of interactive multimedia and non-profit organizations such as the Alzheimer's Association.

PROPOSED COMMERCIAL APPLICATION: Joint marketing agreements with commercial software distributors directed at individuals and community access sites such as public libraries, community centers, churches and synagogues. Rural and urban health clinics, physician offices, hospitals and nursing homes. Promotional product for drug companies marketing Alzheimer's drugs. Joint marketing agreements with non-profit organizations such as the American Alzheimer's Association.

PROJECT NUMBER.....5 U01 AG10330-05

INVESTIGATOR NAME/ADDRESS

HOLMES, DOUGLAS
HEBREW HOME FOR AGED
5901 PALISADE AVE
RIVERDALE, NY 10471

AWARD AMOUNT..... \$221,172

PERFORMING ORGANIZATION: HEBREW HOME FOR THE AGED AT RIVERDALE
TITLE: COORDINATING CENTER CONTINUATION

ABSTRACT:

The Hebrew Home for the Aged at Riverdale has been Coordinating Center ("CC") to the 10 NIA cooperative studies of special dementia care since 1991. This proposal is for a continuation of the same function, which will make possible the ongoing, timely receipt and processing of data, and analysis of data developed from these studies, the coordination of both analyses and publications, the conduct of meta-analyses, and the ultimate archiving of the projects' data. Emergent data-analytic issues are receiving ongoing inputs from six workgroups which, functioning through the current CC, are integral to the analytic process. Continued workgroup function would be supported by the proposed continuation. Data collection will probably continue into early 1997; data processing and analyses, and cross-site publications will continue for at least two more years.

Thus, the aims of the proposed continuation are to: 1) Continue to provide such logistic support as may be necessary to maintain Workgroup functioning and other forms of cross-project coordination, and to ensure optimal use of outside resources (consultant and Advisory Panel). 2) Provide all aspects of data management, including the cleaning and scoring of common-core data (described later in the proposal), the maintenance of data files in formats used by the investigators (currently SPSS and SAS), and the coordinated distribution of data to the Steering Committee (who are project PIs).

PROJECT NUMBER.....5 R01 AG10738-06

INVESTIGATOR NAME/ADDRESS

KAHANA, EVA F

ELDERLY CARE RESEARCH CENTER

10900 EUCLID AVENUE

CLEVELAND, OH 44106-7124

AWARD AMOUNT..... \$288,966

PERFORMING ORGANIZATION: CASE WESTERN RESERVE UNIVERSITY

TITLE: BUFFERS OF IMPAIRMENT-DISABILITY CASCADE AMONG THE OLD

ABSTRACT:

This competitive renewal proposal seeks to examine proactive adaptations undertaken by older adults to limit the adverse impact of physical impairment on their ability to function and to maximize the quality of their lives. We request funds for continuation of our ongoing three-year longitudinal study of the Buffers of the Impairment Disability Cascade. This ongoing study seeks to test a comprehensive model of social factors that retard the development of disability in the face of physical impairments in an old-old (80+) population living in Florida retirement communities. The proposed continuation study will allow for four additional follow-up of our study cohort, thereby accumulating sufficiently large numbers of cases where major health changes will have occurred so that buffers of the disability cascade could be better understood. We will also extend our study to include a comparison group of urban elders who have participated in the Cleveland-based longitudinal study: Service Use Among Black and White Elders. We thus propose to increase the "spatial" and "temporal" diversity of two major ongoing studies by (a) melding into a single study the divergent groups of old-old persons participating in our current Florida retirement community-based sample and Cleveland-based urban cohort of elders. By analyzing data from two diverse communities and more data collection points, we will be able to increase the range (variation) in our Demographic, Cascade, Buffer, and Quality-of-Life variables and put our model to a more robust test. Established field work procedures of both ongoing studies will be continued. In-home interviews will be conducted and performance-based impairment measures will be administered to 450 elders in each of the two locations (Florida and Cleveland). Attrition rates of 10% per year are estimated to field a projected final sample size of 321 respondents per study site during the final fourth year follow-up. To the extent that the proposed model is supported in two very different study populations and across a much broader range of physical impairments, the proposed principles would appear to be highly generalizable, rather than restricted only to a unique and homogeneous group of elders.

PROJECT NUMBER.....5 R37 AG11375-05

INVESTIGATOR NAME/ADDRESS

KAPLAN, GEORGE A

UNIVERSITY OF MICHIGAN

SCHOOL OF PUBLIC HEALTH

ANN ARBOR, MI 48109-2029

AWARD AMOUNT..... \$403,910

PERFORMING ORGANIZATION: PUBLIC HEALTH INSTITUTE

TITLE: HEALTH AND FUNCTION OVER THREE DECADES IN ALAMEDA COUNTY

ABSTRACT:

Decreased fertility and increased longevity have led to major changes in the age structure of the population. While there is no lack of pronouncements as to the health consequences of increased longevity, they are based on inadequate data sources and there is a lack of population-based, epidemiologic data relevant to these issues. In particular, the factors associated with increased longevity among the elderly are not well understood, and it is also not known if increased longevity is associated with "added life to years" or only "added years to life." Of critical importance is the assessment of outcomes additional to mortality and morbidity. Information on risk factors for mortality and morbidity and determinants of functional ability and quality of life is critical for evaluating the public health consequences of an aging population.

We propose to utilize the Alameda County Study, a prospective, population-based study of residents of Alameda County, California, to address some of these issues. The Alameda County Study collected a broad set of data from a large sample of county residents on three occasions, 1965, 1974, and 1983, and has had a major impact on disease prevention and health promotion activities. Results from analyses of this data have been cited in the scientific press over 6,000 times, attesting to the strength and relevance of the study. With additional data collection in 1994, a 29-year follow-up, and a 1995 telephone follow-up we will be able to address the following important issues:

- Are behavioral, social, psychological, and functional status measures associated with mortality, morbidity, and functional status in the elderly, and do these associations vary with increasing length of follow-up? Are more proximal risk factors better predictors, or are risk factors which capture early exposures or patterns of exposure over almost three decades better predictors of risk?
- Are these factors associated with variations in active life expectancy?
- Are there age, period, and cohort (APC) effects with respect to the prevalence and incidence of chronic conditions and symptoms, or measures of physical, social, or psychological functioning?
- How are the natural history of behavioral, social, psychological, and functional status measures interrelated? Do changes in one lead to changes in others?

The results of these analyses will help to clarify the consequences of increased longevity of the elderly, and will provide additional evidence on the role of potential interventions in middle age and beyond in improving the health and quality of life of the growing number of elderly persons.

PROJECT NUMBER.....7 R01 AG13199-02

INVESTIGATOR NAME/ADDRESS

KAPLAN, GEORGE A

UNIVERSITY OF MICHIGAN

SCHOOL OF PUBLIC HEALTH

ANN ARBOR, MI 48109-2029

AWARD AMOUNT..... \$238,692

PERFORMING ORGANIZATION: UNIVERSITY OF MICHIGAN AT ANN ARBOR

TITLE: EPIDEMIOLOGY OF QUALITY OF LIFE AND AGING

ABSTRACT:

DESCRIPTION: (Adapted from Investigator's Abstract) Increases in longevity are leading to a substantial growth in the elderly population, and this trend is expected to continue. Opposing opinions hold that this will result in an enormous growth of hale and hearty elderly or a pandemic of dependency, disability, and dementia. This debate has focused attention on issues related to quality of life. We know little about the factors that are associated with development of functional limitations and decreased quality of life, or factors that modify the impact of disease on functional limitations.

The proposed study uses data collected in a population-based, prospective study with one of the broadest collections of behavioral, social, psychological, socio-environmental, biological, and physiological risk factors of any study. Data from extensive laboratory tests, medical history, ultrasonographic examination of the carotid arteries, maximal exercise testing, and extensive spirometry are also available. Substantial information is available on physical, social, and psychological functioning. In a sample of 1,036, there was a four-year re-examination. Computerized linkage will allow determination of sickness absence, disability, and early retirement. These data will allow the investigators to examine if incidence, and changes in physical, social, and psychological functioning, and sickness absence, disability, and early retirement, are associated with the following: 1) behavioral factors (e.g., smoking, physical activity, alcohol consumption, body mass index); 2) social factors (e.g., social network participation, social support); 3) psychological factors (e.g., depression, hopelessness, hostility); 4) job characteristics (e.g., psychological job strain, physical strain); 5) diagnosed conditions (e.g., cardiovascular disease, claudication), subclinical pathology (e.g., carotid atherosclerosis) and physiological impairments (e.g., reduced lung function, poor fitness); 6) if diagnosed conditions, subclinical pathology, and physiological impairments confound these associations; and 7) if behavioral, social, psychological, and work-related factors modify the associations between diagnosed conditions, subclinical pathology, and physiological impairments and these outcomes.

PROJECT NUMBER.....5 R01 AG12358-03

INVESTIGATOR NAME/ADDRESS

KING, ABBY C

STANFORD UNIV SCH OF MED

730 WELCH ROAD, SUITE B

PALO ALTO, CA 94304-1583

AWARD AMOUNT..... \$398,072

PERFORMING ORGANIZATION: STANFORD UNIVERSITY

TITLE: EXERCISE, FUNCTIONING, AND STRESS IN WOMEN CAREGIVERS

ABSTRACT:

Chronic diseases and impaired function related to physical inactivity are major factors in the disability, diminished quality of life, and burgeoning health care costs facing older women. Although the growing number of older women serving as family caregivers could especially benefit from the physical and psychological effects of regular, moderate-intensity endurance exercise, their life circumstances typically make it difficult to attend classes regularly away from home. While supervised home-based physical activity has proven to be effective in producing long-term physical and mental health benefits in community samples of older adults, a critical next step is to determine its effectiveness in such at-risk subgroups for whom it is particularly indicated.

The objectives of this study are to: (1) determine the initial (6 months) and longer-term (12 months) effectiveness of a home-based moderate-intensity physical activity program in promoting significant increases in physical performance and functioning in older women caregivers; (2) evaluate the efficacy of the physical activity regimen for promoting initial and longer-term changes in a broad array of day-to-day functioning and well-being (quality of life) variables; (3) use the study as an opportunity to evaluate the effects of family caregiving on ambulatory blood pressure and heart rate responses as indicators of stress in the natural setting, as well as an opportunity to enhance knowledge with respect to the measurement of physical activity among older women.

The study design is a one-year randomized trial in which women ages 50-75 years serving as primary caregivers for a relative with dementia will be randomly assigned to one of three conditions: supervised home-based physical activity training; music/relaxation training; or general support/instruction. All programs are designed to enhance long-term participation. Data will be collected at baseline and at 6 and 12 months using age-relevant physical performance tests, a comprehensive set of rated functioning and well-being scales, and several promising measures of physical activity. Our primary research hypotheses are that subjects assigned to physical activity training will demonstrate significant increases in physical functioning and performance, maintained through 12 months, relative to the non-exercise control conditions. Additional major questions of interest focus on the comparative changes in rated functioning and psychological well-being for the three conditions across the 12-month period; whether preliminary data suggesting significant negative effects of family caregiving on blood pressure responses in the natural setting are verified in a larger, more representative sample of caregivers; and the extent to which blood pressure and heart rate responses in the natural setting are influenced, both acutely and over time, by the different intervention regimens. This study will contribute important information with respect to the development of effective, potentially low-cost strategies for preventing caregiver disability and maintaining caregiver health, functioning, and well-being.

PROJECT NUMBER.....5 R01 AG01760-17

INVESTIGATOR NAME/ADDRESS
KLAG, MICHAEL J
JOHNS HOPKINS MED INSTITUTIONS
2024 E MONUMENT ST, SUITE 2-60
BALTIMORE, MD 21205-2223

AWARD AMOUNT..... \$406,273

PERFORMING ORGANIZATION: JOHNS HOPKINS UNIVERSITY
TITLE: PRECURSORS OF PREMATURE DISEASE AND DEATH

ABSTRACT:

Maintenance of functional status, the prevention of comorbidity and continued health after retirement are major challenges facing the older population. Advances in these fields require study of factors over the life course; however, few studies have such data. The Johns Hopkins Precursors Study, begun in 1946, is a long-term prospective study of 1,337 former Johns Hopkins medical students. The overall hypothesis being tested is that the process of aging is an interactive function of psychologic, physiologic, social, and behavioral characteristics over the life course. The study is unique in having prospectively collected data on these factors in this cohort from young adulthood to late middle age. Data on over 6,000 variables were collected in medical school, at an average age of 22 years, and the cohort has been followed by annual questionnaires. The response rate over this long follow-up is very high and these former medical students have been demonstrated to be accurate in the reporting of exposures and disease endpoints. The average age of the participants is now 60 years, providing a window of opportunity in the life of the cohort to study the onset of functional limitation and the relationship of retirement to health.

The specific aims of this phase of the study are: 1) to continue the longitudinal description of the onset of disease and death in this cohort; 2) to determine the association of psychologic, physiologic, social and health behavioral factors, assessed over the life course, with later disease, and death; the level of risk associated the timing, strength, and duration of exposure will also be determined; 3) to assess the decline in health status as this cohort ages and the influence of impairments (chronic diseases and other conditions of aging) and comorbidity on this decline; 4) to investigate the influence of the psychosocial work environment in midlife on future health and functional status and retirement; and, 5) to measure the effect of specific life events, especially retirement, on subsequent psychological and physical health and functional status.

The results of the proposed work will identify a multi-factorial risk profile of groups at risk for development of disease at older ages, functional decline, and poor outcomes after retirement. Thousands of person-years of work and millions of dollars of support have contributed to the study over the last 46 years, enabling insights into the risk of disease in midlife associated with exposures early in life. The study is now poised to make a similar contribution to older age groups.

PROJECT NUMBER.....1 R01 AG14749-01

INVESTIGATOR NAME/ADDRESS

KRAUSE, NEAL M

UNIVERSITY OF MICHIGAN

AWARD AMOUNT..... \$292,642

1420 WASHINGTON HEIGHTS, M5017

ANN ARBOR, MI 48109-2029

PERFORMING ORGANIZATION: UNIVERSITY OF MICHIGAN AT ANN ARBOR

TITLE: RELIGION, AGING, AND HEALTH

ABSTRACT:

DESCRIPTION (adapted from investigator's abstract): The purpose of this study is to develop a comprehensive and multidimensional set of measures to assess religiousness in later life. In particular, the proposed research has the following objectives: 1) To conduct a series of focus groups, in-depth interviews, and cognitive interviews in order to identify the content domain of religion as it is lived by older adults; 2) To use the data obtained from these qualitative methods to craft closed-ended survey items to measure religion; 3) To conduct a random community survey that will provide data for a state-of-the-art confirmatory factor analytic assessment of the newly devised indicators; 4) To examine the potential impact of the newly created religion items on health and well-being; and 5) To pay particular attention to differences in the way that religiousness is experienced, expressed, and measured in groups consisting of older whites and elderly African Americans.

PROJECT NUMBER.....5 R44 AG11771-03

INVESTIGATOR NAME/ADDRESS

LANE, STEPHEN S

AMRON CORPORATION

AWARD AMOUNT..... \$429,508

2001 JEFFERSON DAVIS HIGHWAY

ARLINGTON, VA 22202

PERFORMING ORGANIZATION: AMRON CORPORATION

TITLE: NONINTERACTIVE HOME MONITOR PHASE II

ABSTRACT:

In a Phase I grant, Amron showed the feasibility of a Home Monitor to extend the period of independence of elderly persons. The Home Monitor collects data from simple sensors connected to ordinary objects to form and transmit alarms for falls, tap water and stove on too long, unusual activity and inactivity. It will include an interactive pill dispenser, but no cameras, microphones or sensors on the inhabitants or their clothing. The Home Monitor contains a microcomputer, sensors connected to the microcomputer by radio links, and a telephone link with an outside caregiver. An emergency will result in an alarm in the home, which the user may shut off if she believes no real emergency exists. If she does not, then the alarm will go to the caregiver or to an emergency service. With the Home Monitors help, the elderly will be able to live alone longer than otherwise, because they will need less oversight by others. We will first test the Home Monitor Hardware in Amron's laboratory. Preliminary field tests will take place in homes in Alexandria, Virginia, followed by more extensive tests for reliability, probability of detection, and effects on users in Alexandria and Miami, FL.

PROPOSED COMMERCIAL APPLICATION: The Home Monitor can be sold or rented to either individual users or institutions such as public or private senior housing or assisted living facilities. These facilities can use it to ensure their resident's safety and to allow them to remain there rather than moving into a less independent residence. The resulting savings are estimated to be in the tens of thousands of dollars per person per year.

PROJECT NUMBER.....5 R01 AG14304-02

INVESTIGATOR NAME/ADDRESS
LAWRENCE, VALERIE A
UNIV TEXAS HLTH SCIENCE CEN
7703 FLOYD CURL DRIVE
SAN ANTONIO, TX 78284-7879

AWARD AMOUNT.....\$323,581

PERFORMING ORGANIZATION: UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT
TITLE MAXIMIZING POSTOPERATIVE FUNCTIONAL OUTCOMES IN ELDERS

ABSTRACT:

The proposed research is a prospective cohort study of postoperative long-term functional outcome and caregiver burden in elders undergoing major abdominal surgery. Previous studies are limited because they focus on short-term operative risk, the phenomenology of long term recovery after low risk operations for specific physical impairment (e.g., hip fracture repair, hip replacement, cataract surgery) or coronary artery bypass surgery. Further, there has been little attention to identifying interventions to maximize recovery and reduce caregiver burden after major noncardiac surgery.

Specific aims are to 1) map the course of long-term (six months) functional recovery and caregiver burden in elders under going major abdominal surgery, 2) identify important determinants of long-term recovery, 3) evaluate the effect of variation (postoperative changes or variable effects) in important determinants of functional recovery and 4) use qualitative iterative techniques to identify potential interventions to maximize recovery and reduce caregiver burden. Abdominal surgery has been chosen because it is not usually associated with chronic related antecedent functional impairment, which will affect expectations for recovery. Primary hypotheses are 1) significant numbers of elders (at least 10%) have protracted postoperative disability for up to six months, 2) physical, cognitive and affective status, medical comorbidity and social support are primary determinants of functional recovery and 3) poorer preoperative functional status for these determinants of independence is associated with worse functional outcome.

Subjects who are greater than 60 and without illness which would itself determine recovery (e.g. metastatic cancer) would be recruited from both academic and community sites. Subjects will undergo a comprehensive battery of instruments to assess functional independence, preoperatively and postoperatively at one, three and six weeks and three and six months. Caregiver burden and health resource utilization will be evaluated at postoperative follow up visits.

Discriminant analysis will be used to evaluate the relationship between preoperative status for primary determinants and postoperative functional independence, defined by Activities of Daily Living and Instrumental Activities of Daily Living. Pooled time series cross-sectional regression analysis will be used to evaluate the impact of changes in functional determinants on long-term potential interventions to enhance functional outcome, prevent disability and reduce caregiver burden.

PROJECT NUMBER.....1 R01 HS08325-01

INVESTIGATOR NAME/ADDRESS

LEON, JOEL

GEORGE WASHINGTON UNIV.

2150 PENNSYLVANIA AVE. 5TH FL.

WASHINGTON, DC 20037

AWARD AMOUNT..... \$

PERFORMING ORGANIZATION: GEORGE WASHINGTON UNIVERSITY

TITLE: 1995 SURVEY OF SPECIAL CARE UNITS IN US NURSING HOMES

ABSTRACT:

The trends in Special Care (TSC) project will undertake a 1995 census of licensed nursing facilities in the US to gather information about the availability of special care units (SCUs). The project goals: 1) to document the growth and changes in the past five years that have occurred in the availability of SCUs for residents with dementia; 2) to explore methodological issues in conducting SCU surveys related to SCU operational definitions; and 3) to investigate the emergence of multiple units and the use of hospice or end-stage specialty dementia units. A similar census, the National Survey of Special Care Units in Nursing Homes was undertaken in 1990/91. Combining information from both studies will enable investigators to chronicle changing opinions, document the growth in the availability of specialized care, and describe the changes in the provision of care that have occurred in the industry over the past 5 years. TSC will compile a list of nursing homes from public information and form a commercial mailing list of nursing facilities. Data will be collected via a one-page screening instrument that can be returned by mail or by fax with follow-up computer assisted telephone interviews. A series of sub-sample surveys will be conducted to verify SCU designations and to test the effects of alternative SCU operational definitions.

In addition to examining trends and providing an updated profile on the nation's SCUs, TSC data is detailed enough to permit the use of recently developed unit typologies. These typologies will be used in analyzing the data. The census will also serve as a national sampling frame for undertaking more intensive studies of SCUs.

Dissemination will include the production of a public use data file that will be available through the Inter-University Consortium for Political and Social Research and through the National Technical Information Service.

PROJECT NUMBER.....5 R44 AG10750-03

INVESTIGATOR NAME/ADDRESS

LETZT, ALAN M
IEI CORPORATION
9856 NATICK RD
BURKE, VA 22015

AWARD AMOUNT..... \$374,988

PERFORMING ORGANIZATION: INNOVATIVE ENTERPRISES INTERNATIONAL
TITLE: MEDICATION COMPLIANCE ASSISTANCE SYSTEM

ABSTRACT:

The long-term objective of this project is to develop and test a novel and innovative system that is designed to improve the medication compliance older persons significantly. This system is designed for persons on multiple medications who want to comply with their regimen but need a memory aid. Noncompliance is believed to be responsible for nearly one out of five hospitalizations, and thus increased health care costs. The Phase 1 research focused on small scale human factors tests, the second phase will include field tests, and the third phase will commercialize the system.

The Phase 2 field tests will be performed with 40 experimental subjects between 65 and 84 years old. An additional 40 persons will be in the control group. The experimental subjects will use an electronic device and their medication compliance will be monitored for three months. The reliability of the system and ease of use also will be evaluated.

PROPOSED COMMERCIAL APPLICATION; An innovative device that reminds patients when and how to take their medications and provides a compliance record for health care providers. It can also remind patients about physician appointments and prescription refills.

PROJECT NUMBER.....5 R37 AG03501-16

INVESTIGATOR NAME/ADDRESS
LEVENTHAL, HOWARD
NST. ON HEALTH & AGING POLICY
30 COLLEGE AVENUE
NEW BRUNSWICK, NJ 08903

AWARD AMOUNT..... \$637,770

PERFORMING ORGANIZATION: RUTGERS THE STATE UNIV NEW BRUNSWICK
TITLE: SYMPTOM & EMOTION STIMULI TO HEALTH ACTION

ABSTRACT:

It has recently been claimed that symptom reports cannot be used as indicators of disease because they are confounded by personality dispositions, e.g., the tendency to experience negative affect, a conclusion that would invalidate large bodies of data used to estimate health needs and to assess the effects of psychosocial factors, e.g., age, stressors, upon illness. Our conceptualization of symptoms as the result of the bodies immunological response to pathogens, predicts that both symptoms and immunological reactions will be less intense in older than younger persons and in depressed than non-depressed or anxious individuals.

We also state that appraisal procedures intervene between symptoms and the decision that one is ill and in need of medical care, and that anxious and depressed individuals may fail to conclude they are ill and in need of health care if they attribute symptoms to their emotional states rather than illness. We also predict that depressed individuals will experience a greater number of vague, systemic symptoms rather than intense, disease specific symptoms, and that the accumulation of such episodes over a 3 year period will result in increases in trait depression. These hypotheses will be tested in a 3 year longitudinal trial (LT) and two, smaller, embedded investigations. Four, 1&1/2 hour interviews will be conducted at yearly intervals with 1,200 residents (ages 55 to 90) of a New Jersey retirement community. Measures of trait anxiety and depression, illness history, social support networks, life stress, preventive health behaviors, and reports of symptom episodes during the prior two weeks will be obtained at each interview. Four phone calls between the yearly intervals will tap and track the initiation, interpretation, mode of coping and resolution of symptom episodes. A quasi experimental study will examine the symptomatic and antibody reactions to either tetanus or flu inoculation of 288 residents selected to vary on age and trait anxiety and depression. A second study examines the diurnal variation of symptom reports as a function of age and trait anxiety and depression. The complete data set should allow reasonably strong conclusions regarding the role of personality, age, preventive health actions and life stress on the formation and appraisal of symptoms.

PROJECT NUMBER.....5 R01 AG11486-04

INVESTIGATOR NAME/ADDRESS

LINDEMAN, DAVID A

UNIVERSITY OF CALIFORNIA DAVIS

AWARD AMOUNT..... \$219,159

2001 DWIGHT WAY

BERKELEY, CA 94704

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA DAVIS

TITLE: COSTS OF AD SPECIAL CARE UNITS

ABSTRACT:

This study will measure the outcomes and effectiveness of Alzheimer's disease Special Care Units (SCUs) for residents, family caregivers and facility staff. The cognitive, functional and behavioral deterioration of Alzheimer's disease patients almost inevitably culminates in the need for institutionalization, often extending for a period of several years, and costing society billions of dollars. In recent years there has been a proliferation of skilled nursing facilities claiming to provide "specialized" care to residents with Alzheimer's disease or related dementias. Little is known about the characteristics, services, patient outcomes, and costs of these facilities beyond case studies and descriptive reports. In that there is increasing pressure to develop national and state regulatory controls for these facilities, as well as create reimbursements differentials for facilities providing "specialized" care for dementia patients, this study will evaluate the outcomes, effectiveness, and costs of providing care in these settings.

The proposed research will employ a quasi-experimental research design with data collected on SCU residents and non SCU residents at pre- and post-admission (6 months to skilled nursing facilities. Data will be obtained on a minimum of: 1) 162 institutionalized Alzheimer's disease patients residing in SCUs and 2) 162 controls randomly selected from Alzheimer's disease patients institutionalized in non-SCUs. Each cohort will consist of residents from skilled nursing facilities located in California or North Carolina, who have been diagnosed as having moderate to severe Alzheimer's disease or a related dementia, and who are socio-economically, functionally and cognitively representative of the Alzheimer's disease population.

Information will be obtained using data collection instruments developed from the researchers' previous work, and will include: demographics; facility characteristics; problem behaviors; physical and pharmacological restraints; health, functional, and cognitive status; caregiver stress and satisfaction; staff stress and satisfaction; and costs of medical, social service, and informal care. Data will be collected through facility staff and family caregiver questionnaires, direct observations of residents and facilities, and review of medical charts.

We intend to examine: 1) whether the number or severity of problem behaviors of dementia patients decreases after admission to a SCU; 2) whether the use of physical restraints and pharmacological restraints decreases after admission to a SCU; 3) the extent to which health status, functional level, and cognitive status of SCU residents is maintained or stabilized; 4) the extent to which family caregiver stress and satisfaction is positively related to admission to a SCU; 5) the extent of staff stress and satisfaction is positively related to resident admission to a SCU; and 6) the cost-effectiveness of formal and informal care related to SCUs.

PROJECT NUMBER.....1 R29 AG13757-01A1

INVESTIGATOR NAME/ADDRESS

LOGSDON, REBECCA G

UNIVERSITY OF WASHINGTON

1959 NE PACIFIC ST, HSB BB1616

SEATTLE, WA 98195-6560

AWARD AMOUNT..... \$113,250

PERFORMING ORGANIZATION: UNIVERSITY OF WASHINGTON

TITLE: QUALITY OF LIFE IN ALZHEIMERS DISEASE

ABSTRACT:

DESCRIPTION (Adapted from Investigator's abstract): The goal of the proposed investigation is to longitudinally assess quality of life (QOL) in individuals with Alzheimer's Disease (AD) and to identify variables that influence QOL in this population. The proposed investigation is based on symbolic interaction and transactional theories of adult development, and proposes a model of QOL in AD that includes both individual and environmental characteristics and incorporates objective and subjective assessments of patient QOL. It builds upon the investigator's prior research evaluating AD patient depression, pleasant events, behavior problems; caregiver stress and reactivity; and interpersonal relationship issues between AD patients and family caregivers; as well as on the QOL literature in chronic illness and the elderly.

The investigation has two aims. Aim 1 is to develop and administer an assessment of patient QOL to 40 community-residing AD patients and their family caregivers. Psychometric data, including internal consistency, test-retest and inter-rater reliability, and content and construct validity will be evaluated for both patient and caregiver reports. Aim 2 is a longitudinal investigation of changes in QOL in a total of 200 community-residing AD patients. Subjects will be re-evaluated every six months over a three-year time period. The QOL measure developed in Aim 1 will be administered, along with assessments of other attributes hypothesized to be related to QOL, including patient and caregiver demographic characteristics; patient cognitive, functional, and health status; behavioral problems and mood; caregiver burden and mood; and patient-caregiver interpersonal relationship.

Results of the investigation will provide: (a) a measure for evaluating AD patients' QOL; (b) an evaluation of changes in patient QOL as cognitive functioning declines over time and disease progression; and an analysis of the relationship of patient QOL with other important patient and caregiver characteristics. By identifying variables that may predict changes in QOL, this investigation will assist in the development of interventions to maximize AD patients' QOL.

PROJECT NUMBER.....1 R01 AG15730-01

INVESTIGATOR NAME/ADDRESS

LUBORSKY, MARK R

WAYNE STATE UNIVERSITY

1400 CHRYSLER

DETROIT, MI 48202

AWARD AMOUNT..... \$273,577

PERFORMING ORGANIZATION: WAYNE STATE UNIVERSITY

TITLE: MEANING OF SELF RATED HEALTH

ABSTRACT:

An enduring puzzle is that a person's own self-rating of health (SRH) predicts mortality and morbidity better than physician ratings, symptom counts, or disease severity; this phenomena has been extensively replicated. But, we lack knowledge of what the rating captures or how people construct the rating. The goal of this study is to describe the meanings older individuals ascribe to their SRH and monthly variation in SRH. We argue that a full understanding of the meanings for SRH is vital to solving the puzzle of why it predicts mortality and morbidity. Findings will have direct public health relevance related to the use of this single item measure in clinical practice and for health promotion efforts.

The proposed study is designed to use anthropology and epidemiology methods to determine the meanings of SRH and its variations over one year. Community dwelling adults (N = 232), 65-74 years of age who are enrolled in of two large senior/ social health programs in Philadelphia will be recruited. Quota sampling will be used to stratify subjects into each of for levels of SRH, "excellent, good, fair, poor/bad/" Equal numbers of women and men, non-Hispanic, whites, and African-American will be provided within each SRH condition.

Qualitative and quantitative assessments will be conducted at baseline. Qualitative measures will focus on the constants of means for health and SRH. A medical health measure will be obtained from subjects' physicians. The year-long view of SRH will be captured by monthly phone contacts to monitor SRH. Follow-up qualitative interviews with key types of SRH and quantitative interviews with a subjects will be conducted at 12 months. Quantitative analyses will examine the patterns and changes in SRH. Combined analyses will evaluate how meanings related to sociodemographic psychosocial, or biomedical factors and which meanings are associated with patterns of change in SRH.

PROJECT NUMBER.....5 U01 AG13255-03

INVESTIGATOR NAME/ADDRESS

MAHONEY, DIANE M

BOSTON UNIV MEDICAL CTR HOSPIT

88 EAST NEWTON STREET

BOSTON, MA 02118

AWARD AMOUNT..... \$378,561

PERFORMING ORGANIZATION: BOSTON UNIVERSITY

TITLE: TLC TELEPHONE SYSTEM FOR ALZHEIMER'S FAMILY CAREGIVERS

ABSTRACT:

The specific aim of this study is to assess, by means of a multi-site randomized controlled feasibility study, the impact of an automated telecommunications system, Telephone-Linked Care for Alzheimer's Disease (TLC-AD), on reducing caregiver (GG) stress related to disruptive behaviors in Alzheimer's Disease (AD). TLC-AD speaks over the telephone to CGs using a computer controlled human voice system. CGs press designated keys on the touch tone keypad of their home telephone to communicate with TLC-AD. TLC-AD will 1) monitor the primary caregiver's stress and health status weekly and make recommendations and referrals if necessary, 2) provide a voice-mail caregiver support network to reduce social isolation, 3) provide an ask the expert call option for recalcitrant caregiving problems, and 4) offer a distraction conversation for CGs to use when they desire a mini-respite break from the person with AD.

The primary outcome variable is CG stress, and this is proposed for the common assessment protocol as well as caregiver health status. Pearlin's model of caregiver stress in Alzheimer's Disease provides the conceptual framework for the study and suggests that the manifestations of CG stress include depression, decline in physical health status, and yielding of the CG role. The primary hypothesis of this study is that primary CGs of persons with AD and dementia related disruptive behaviors who use TLC-AD will experience fewer manifestations of caregiver stress than subjects who do not receive the intervention. The study will be conducted at five sites with 688 caregivers: 80% female, 30% minority. Subjects will be randomized within each site to usual care (UC) or TLC-AD (which they will use weekly for 12 months). The analysis will compare TLC and UC subjects at baseline, 6, 12, and 18 months using standardized instruments and controlling for common confounding CG and care recipient (CR) variables. If the TLC-AD exerts a significant effect on CG stress, path analysis will be used to clarify the relationships among the variables and CG stress. The cost effectiveness of the TLC intervention will also be determined. In previous TLC applications, the operating costs have averaged \$1.00 per call for weekly monitoring. The results will provide insight into the potential of telecommunications technology to help sustain primary CGs in their vital role.

PROJECT NUMBER.....2 U01 AG12553-06

INVESTIGATOR NAME/ADDRESS

MCKINLAY, SONJA
NEW ENGLAND RES. INST., INC
9 GALEN STREET
WATERTOWN, MA 02172

AWARD AMOUNT..... \$

PERFORMING ORGANIZATION: NEW ENGLAND RESEARCH INSTITUTE

TITLE: STUDY OF WOMEN'S HEALTH ACROSS THE NATION

ABSTRACT:

This five-year proposal to coordinate a prospective study of Menopausal Health in Aging Women builds on a unique combination of experience and expertise of the PI and her colleagues: 12 years conducting and analyzing the largest prospective study of menopause in North America; and extensive experience coordinating multi-site studies, including 8 current studies extending over 80 clinical sites, 5 of which are prospective, cohort studies.

Two primary scientific aims are identified for this study, based on prior work. Aim I is to identify in a representative cohort of initially premenopausal women those variables that exhibit a distinctive pattern of change associated with menopause. Aim II is to disentangle those changes that are clearly identifiable as associated with menopause (one or two points of inflexion in the rate of change) and those changes that are age-related, independent of the endocrinological changes that typify the menopause transition. To address these issues, the following core variables are proposed and linked in a research model: reproductive hormones, measures of blood pressure and lipids, blood glucose and insulin, anthropometry, and symptoms (including depression, hot flashes, mood swings).

To address these aims, women who have menstruated in the prior 3 months with uterus and at least one ovary intact, are aged 40-47 (non-smokers) and 40-44 (smokers), are not taking hormone or other steroid therapies at baseline and from whom blood samples can be obtained will be recruited. Sample sizes for subgroup analyses and power to detect changes in trend for key variables are presented. Analytic strategies for continuous and categorical variables are discussed to address the scientific aims, including a discussion of mission and truncated date. A distributed data system; extensive quality control procedures; technical support to the clinical sites for cohort sampling strategies as well as for design and implementation of site-specific protocols and a proposal for disseminating results are fully described.

PROJECT NUMBER.....5 R01 AG14634-11

INVESTIGATOR NAME/ADDRESS
MITTELMAN, MARY S
NEW YORK UNIVERSITY MEDICAL CT
550 FIRST AVE
NEW YORK, NY 10016

AWARD AMOUNT..... \$208,000

PERFORMING ORGANIZATION: NEW YORK UNIVERSITY MEDICAL CENTER
TITLE: AD CAREGIVER WELL-BEING--COUNSELING/INSTITUTIONALIZATION

ABSTRACT:

Alzheimer's disease (AD) has a catastrophic impact on the well-being of the spouses of the patients, often leading to inappropriate or premature nursing home placement. Results of our current treatment/control study (N=200) suggest that a multifaceted structured intervention (individual and family counseling sessions tailored to each specific situation, ad hoc consultation at any time and support group participation indefinitely) has a significant impact on the well-being of AD caregivers and reduces the long-term social and economic burden of the disease. The intervention increases the involvement of other family members and improves spouse caregivers' social network satisfaction in the short term, and has a salutary effect on their physical and mental health in the long term. Furthermore, there have been more than twice as many nursing home placements from the control group than from the treatment group. The proposed longitudinal study includes an extension of our current study, as well as a longitudinal evaluation of an improved intervention. We will measure the long-term consequences both of caregiving and of the intervention by continuing to assess all the subjects of the current study at six-month intervals whether the AD patient is at home or in a nursing home, and for two years after the patient is deceased. We will assess the potentially greater efficacy of an improved intervention with a treatment/control study of the additional group of 200 spouse caregivers. Modifications to the current treatment will include postponing one family counseling session to one year after intake to help the family deal with changes in the patient, and further custom tailoring the family counseling by explicitly taking into account the caregiver's personality and the strengths and weaknesses of the caregiver's social support system. The evaluation will be expanded to include an enriched assessment of social support, a caregiver personality profile and an assessment of the financial cost of caregiving. We will further develop a causal model of the impact of the intervention on the mechanisms by which formal and informal support affects the well-being of spouse caregivers of AD patients and on the health care costs associated with caregiving. The large number of subjects and the length of time over which many will have been followed will provide an extraordinary research resource and the statistical power necessary for analysis of the long-term economic, physical and emotional implications of caregiving and the potential benefits of a psychosocial intervention designed to buttress the formal and informal support systems in the community.

PROJECT NUMBER.....5 R01 AG12910-08

INVESTIGATOR NAME/ADDRESS

MULLAN, JOSEPH T
UNIVERSITY OF CALIFORNIA
1350 7TH AVE BOX 237 0848
SAN FRANCISCO, CA 94143

AWARD AMOUNT..... \$400,922

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO
TITLE: STRESS AND COPING AMONG AIDS CAREGIVERS

ABSTRACT:

This study seeks to assess the conditions experienced by informal caregivers to people with AIDS and the effects of these conditions on their physical and mental health and their ability to continue in the caregiving role. A variety of psychosocial stressors will be examined in relation to caregivers' well-being. However, because their well-being may also be influenced by their own HIV status, considerable effort is directed to gathering information about caregivers' health and health practices. Such information, together with appropriate analytical strategies, will assist in distinguishing psychosocial effects from those of HIV status.

A sample of 450 caregivers will be recruited. The PWAs for whom they care will be gay men who reside either in their own home or that of the caregiver. Caregivers will be interviewed three times at intervals of 6 months so as to observe changes in their well-being and to identify the antecedents of such changes. Pilot interviews have revealed that caregivers confront a variety of stressors. Some are embedded in the demands of caregiving itself, and we refer to these as primary stressors. Caregiving can also create problems in other areas of life, most notably in occupational, financial, and social domains. These kinds of stressors, which are created by caregiving but do not involve it, we refer to as secondary stressors. Both primary and secondary stressors are multi-dimensional.

The impact of the stressors, we believe, is mediated by several factors: the coping repertoires of the caregivers; the level of certain self-concepts, self-esteem and mastery, in particular; the social supports on which the caregiver can call; and the availability and use of community programs and resources. The buffering effects of each will be studied. From prior pilot work, a host of provisional measures has been constructed, tapping the major constructs of the research.

In the latter stages of the study, a conference of health policy personnel will be organized with the goal of identifying and incorporating relevant research findings into intervention programs and policies.

PROJECT NUMBER.....5 R01 AG12673-04

INVESTIGATOR NAME/ADDRESS
NEUNDORFER, MARCIA M
UNIVERSITY HOSPS OF CLEVELAND
12200 FAIRHILL ROAD
CLEVELAND, OHIO 44120

AWARD AMOUNT..... \$113,240

PERFORMING ORGANIZATION: CASE WESTERN RESERVE UNIVERSITY
TITLE: DEPRESSION AND AGITATION IN AD--EFFECTS ON CAREGIVERS

ABSTRACT:

The purpose of this study is to examine the effects, over time, of depressive and agitation symptoms in persons with AD on depression in their caregivers, while controlling for patient cognitive and ADL status. Further, this study proposes that patient depression and agitation lead to caregiver depression through the mediating effect of caregivers' perceptions of their caregiving experience. Specifically, it is proposed that these patient symptoms increase caregiver negative perceptions (e.g., overload), decrease positive perceptions (e.g., uplifts), and, thereby, lead to caregiver depression. Therefore, this study will add to understanding of the effect of AD patient depression and agitation on both caregiver perceptions and caregiver depression, thereby guiding interventions toward critical patient symptoms and caregiver management of their own reactions to them.

The sample will consist of approximately (180 family caregivers living with persons with AD), who are enrolled in an Alzheimer Disease Research Center (ADRC). (Data will be collected at seven time points over two years.) The ADRC will provide patient data from three consecutive annual assessments (including patient symptoms from the CERAD Behavior Rating Scale for Dementia). (The ADRC also will provide annual caregiver data obtained from self-administered questionnaires. Additionally, caregivers will be contacted four times between annual assessments: by telephone to obtain data on patient symptoms and by mailed questionnaires to obtain data on caregivers' perceptions of caregiving and depressive symptoms. A model of the relationships between patient depressive and agitation symptoms, caregivers' perceptions, and caregivers' depression will be evaluated.

PROJECT NUMBER.....1 R03 AG15159-01

INVESTIGATOR NAME/ADDRESS

NEWSOM, JASON T

PORTLAND STATE UNIVERSITY

AWARD AMOUNT..... \$68,939

PO BOX 751

PORTLAND, OR 97207-0751

PERFORMING ORGANIZATION: PORTLAND STATE UNIVERSITY

TITLE: NEGATIVE REACTIONS TO ASSISTANCE WITH DAILY FUNCTIONING

ABSTRACT:

Recent results suggest that as many as 40-60% of physically disabled older adults who receive informal assistance with daily activities. Such as preparing meals, climbing stairs, or dressing, experience negative reactions to some of the help they receive. Furthermore, a recent study suggests that general negative reactions lead to higher depression levels as much as one year later. These preliminary findings are based on general measures of assistance reactions, and little is known about the specific cognition and emotional reactions that older adults experience when assisted with daily activities. The prevalence and potentially harmful effects of such negative reactions necessitate a better understanding of their causes. A knowledge of the dynamics and processes associated with reactions to informal assistance will enable the development of interventions to mitigate negative assistance interactions and improve the mental and physical health of disabled older adults.

The proposed study has three primary goals: (1) to develop new psychological measures that assess specific negative reactions to assistance that older adults may have when they receive assistance with daily functioning activities; (2) to investigate the psychological, social, and marital factors that predict specific types of negative reactions to assistance; and (3) to examine which types of negative reactions to assistance predict physical and mental health outcomes. To achieve these goals, two hundred married adults over age 65 who receive help with a physical impairment will be interviewed about difficulties they have performing daily activities, the amount and appropriateness of aid received from the spouse, specific negative reactions to help, personality characteristics, marital quality, depression symptoms, and physical health. The proposed study will improve our current understanding of the nature and cause of the negative reactions to assistance, enabling researchers to design and evaluate interventions that will improve the overall mental and physical health of disabled older adults by reducing the negative interactions associated with assistance with daily functioning.

PROJECT NUMBER.....2 R42 AG12573-02

INVESTIGATOR NAME/ADDRESS

PARL, STEEN A

SIGNATRON T C

AWARD AMOUNT..... \$363,999

29 DOMINO DRIVE

CONCORD, MA 01742-2845

PERFORMING ORGANIZATION: SIGNATRON TECHNOLOGY CORPORATION

TITLE: LOW COST PATIENT LOCATOR SYSTEM FOR GERIATRIC WANDERING

ABSTRACT:

It is proposed to implement and test a novel, low cost radio location system suitable for rapidly locating patients who, due to mental degenerative disorders such as Alzheimer's Disease, are at high risk of wandering off and becoming lost. The long-term benefits of the system include saved lives, prolonged patient independence, ability to keep so e patients at home longer, and reduced health care costs. The system will be inexpensive by drawing upon existing paging infrastructure and by sharing costs with other location services. The program will determine the technical performance, the reception by patients and caregivers, and the circumstances under which the device can be used. The system will be implemented and tested using a commercial paging system. Technology acceptance and use will be evaluated by experts in geriatric research. The system consists of a small Patient Locator unit (PLU), cared by the patients, which transmits a brief signal to a network of base stations in response to a page. The patient can be located within 100 feet, requiring only an inexpensive PLU with battery consumption similar to a pager, mush less than existing location techniques. Other attractive features include low bandwidth occupancy and inexpensive base station sites.

PROJECT NUMBER.....1 R03 AG14927-01

INVESTIGATOR NAME/ADDRESS

PEDRO, LELI W

LOMA LINDA UNIVERSITY

11360 MOUNTAIN VIEW AVE

LOMA LINDA, CA 92354

AWARD AMOUNT..... \$9,963

PERFORMING ORGANIZATION: LOMA LINDA UNIVERSITY

TITLE: QUALITY OF LIFE FACTORS FOR LONG-TERM CANCER SURVIVORS

ABSTRACT:

With advances in cancer research, prevention, diagnosis, and therapy, and the increasing over 65 population in the United States, health professionals in oncology must attend to the unique age-specific sequelae of cancer including its impact on health-related quality of life (HRQL). Many barriers hinder the delivery of quality nursing care to older adults with cancer. A major barrier is the limited knowledge base about the relationship between cancer and aging and about older people's special needs for cancer rehabilitation. Research of psychosocial variables in the long-term cancer survivor is an attempt to eliminate this barrier.

Using a quantitative, descriptive, correlational, and non-interventional design, this study aims to describe the relationship of 1) self-esteem, 2) learned resourcefulness and 3) social support to HRQL for long-term cancer survivors. The study will describe the relationship between self-esteem, learned resourcefulness and social support to health-related quality of life in long-term cancer survivors. This study will also determine if HRQL for long-term cancer survivors can be predicted from the variables self-esteem, learned resourcefulness and social support. A non-probability, purposive sample of cancer survivors will be recruited with permission from Loma Linda University Cancer Institute (LLUCI) Data Center and the Desert Sierra Cancer surveillance Program (Region 5).

The potential benefits will be that findings from this study may provide significant information for the enhancement of HRQL for long-term cancer survivors. With a significant proportion of long-term survivors being older adults, this information is anticipated to add to the body of knowledge focused on enhancement of aging in the older adult.

PROJECT NUMBER.....5 R29 AG12407-02

INVESTIGATOR NAME/ADDRESS
PERKINSON, MARGARET A
PHILADELPHIA GERIATRIC CENTER
5301 OLD YORK RD
PHILADELPHIA, PA 19141

AWARD AMOUNT..... \$115,311

PERFORMING ORGANIZATION: PHILADELPHIA GERIATRIC CTR-FRIEDMAN HOSP
TITLE: DEMENTIA/CARDIAC SYMPTOM MANAGEMENT BY FAMILY CAREGIVERS

ABSTRACT:

This FIRST Award research project will (1) compare the processes of symptom of recognition, evaluation, and management by family caregivers of frail elders to findings in the self-care literature and (2) identify predictors of family caregivers' responses to symptoms of their frail relatives under varying conditions. Family caregivers' responses, i.e., their strategies and criteria for identifying and assessing symptoms and the factors influencing their decisions to self-treat, seek medical care, seek alternate forms of care, or take no action will be examined and compared to the findings reported in the self-care literature. The impact of socio-cultural factors will be examined by comparing African American and White caregivers in terms of available resources (social supports, economic status, education and access to medical care), information sources (including shared norms, values and beliefs concerning health and illness, availability of peer and professional consultants, and prior experiences with the illness and with the use of health services) and attitude sets (self-reliance, health locus of control, coping styles, attitudes toward medical professionals) and how these factors influence caregivers' reactions to their relatives' symptoms. The effect of type of illness underlying the care-receiver's symptoms, the subsequent character of those symptoms (e.g., whether symptoms are physical or psychological) and accompanying risk factors and past use of health services will be examined by comparing family caregivers' reactions to symptoms of dementia and cardiovascular disease. The sample will consist of 420 family caregivers (20 respondents for the pilot, 400 for the study) who are women caring for frail, older, community-dwelling spouses. The sample will be equally divided between dementia and cardiac caregivers and African American and White caregivers. Data collection and analysis will include both quantitative and qualitative approaches. Data collection will consist of in-depth interviews and three weeks of daily health diaries completed by each respondent. Insight into the factors influencing caregivers' responses to symptoms of their impaired relatives may facilitate a more collaborative relation between caregivers and health professionals.

PROJECT NUMBER..... U01 AG12505-04

INVESTIGATOR NAME/ADDRESS
POWELL, LYNDA H
RUSH PREBYTER ST LUKES MED
1653 WEST CONGRESS PARKWAY
CHICAGO, IL 60612

AWARD AMOUNT..... \$

PERFORMING ORGANIZATION: RUSH-PRESBYTERIAN-ST LUKES MEDICAL CTR
TITLE: POPULATION STUDY OF MENOPAUSE IN AFRICAN AMERICAN WOMEN

ABSTRACT:

African American women are at excess risk for CHD and its sequelae and this risk may be linked, in part, to the menopausal transition. However, knowledge in this subgroup has been based on a small number of cross-sectional studies of patients. Basic descriptive data on the timing of the natural menopausal transition and the co-occurrence of symptoms and adverse changes in CHD risk factors are unavailable. The purpose of this investigation is to conduct a longitudinal, population-based study of the natural history of the menopausal transition and the decline in ovarian function in a population of 1342 African American women, ages 40-50, living in a socioeconomically diverse, geographically defined area of Chicago. Specific aims are to provide basic descriptive data on: (1) The timing of the menopausal transition; (2) markers of decline in ovarian function; and (3) changes in CHD risk factors. Specific aims are also to determine: (4) the impact of socioeconomic status on the age of menopause and surgical/hormonal treatment choices; (5) the relationship between hormonal levels and psychosocial cushioning factors on severity and perceived importance of menopausal symptoms; and (6) the impact of the perimenopause on weight gain during this period.

All residents in the study community will have been enumerated as part of a larger, ongoing, community-based investigation. During the first year of the study, these women will be contacted to determine eligibility and obtain basic menstrual information. Those who are consenting premenopausal women will undergo a baseline exam, including a blood draw, measurement of CHD risk factors, evaluation of sociodemographic data, and completion of an at-home psychosocial questionnaire. Following the baseline exam, all women will monitor the occurrence and duration of their menstrual periods and menopausal symptoms on a monthly basis to determine onset of perimenopause, and will undergo 3 repeat annual exams. Analyses will be conducted on the total cohort, featuring updated prognostic information, with additional analyses conducted on the perimenopausal subgroup.

PROJECT NUMBER.....5 R01 AG13469-02

INVESTIGATOR NAME/ADDRESS

QUANDT, SARA A

WAKE FOREST UNIVERSITY

MEDICAL CENTER BLVD

WINSTON-SALEM, NC 27157-1063

AWARD AMOUNT..... \$216,965

PERFORMING ORGANIZATION: WAKE FOREST UNIVERSITY

TITLE: UNDER NUTRITION IN RURAL ELDERLY--PREDICTORS AND PROCESS

ABSTRACT:

Undernutrition in the elderly has emerged as a problem of unknown proportions and complex etiology. Estimates of prevalence range from 10% to 50%, depending on the sample and diagnostic criteria. The proposed research will draw on the frameworks of the proximate determinants of nutrition and self-management of nutrition to help clarify the causes and experience of undernutrition in community-dwelling rural elderly in three major ethnic groups.

The study will focus on African, European, and Native Americans 70 years and older in two rural North Carolina counties. It will use an ethnographic approach with predominantly qualitative methods. Phase 1 will be designed to understand community leaders' knowledge and perception of barriers to adequate nutrition among the elderly and structural features of the communities that limit elders' access to adequate nutrition. Data will be collected through observation, review of existing documents, and key informant interviews. Phase 2 will document the range of variation in nutritional self-management strategies among elders. In-depth interviews will be conducted with a total of 216 elders (36 in each gender/ethnic cell) over 21 months. Up to 4 interviews will be conducted with each elder. Elders will vary in nutritional status, as defined by body mass index and involuntary weight loss of 5% or more in the previous 12 months. The goals of this phase will be (1) to identify the interaction of cultural, social, psychological, biological and ecological factors that influence the development and outcome of undernutrition; (2) to explore the elder's interpretation of and meaning attached to their nutrition and health status; and (3) to examine variation in nutritional self-management strategies by gender and ethnicity. By combining both community and individual perspectives, this research will contribute to understanding who among the elderly is undernourished and how some elders maintain adequate nutritional status and others do not.

PROJECT NUMBER.....5 R01 MH55770-03

INVESTIGATOR NAME/ADDRESS
RAPKIN, BRUCE D
SLOAN KETTERING INST FOR CANCER
RESEARCH
1275 YORK AVENUE
NEW YORK, NY 10021

AWARD AMOUNT.....\$250,000

PERFORMING ORGANIZATION: SLOAN-KETTERING INSTITUTE FOR CANCER RES
TITLE: STRENGTHENING FAMILY PROBLEM SOLVING TO COPE WITH AIDS

ABSTRACT:

Families affected by AIDS are subject to many sources of stress, encounter many barriers to adequate supports and services, and may have many unmet needs. The proposed intervention is designed to help families develop flexible coping skills to gain the supports and services they need. It is based on a widely used social problem-solving model that enhances general skills for coping. Our approach accommodates the special needs of families affected by AIDS by 1) conducting an intake to define family composition and tailor the program to families' needs, 2) offering a six-session problem-solving- skill- building curriculum for key family members, and 3) providing one year of contact with a trained peer advisor for consolidation and generalization of training. We will recruit 288 families from four New York State-designated AIDS Care centers (DACs) in Brooklyn, New York. Families will be randomly assigned to Experimental or standard-care Comparison arms. The index adult with AIDS, and up to two other adult family members will be assessed at baseline, and at 12-month and 24-month follow-ups. Assessment will determine whether the intervention impacted family problem-solving process, and consequently access to support and adaptation.

PROJECT NUMBER.....1 K01 AG00818-01

INVESTIGATOR NAME/ADDRESS

ROSAL, MILAGROS C
UNIV OF MASS MED CTR
55 LAKE AVENUE NORTH
WORCESTER, MA 01655

AWARD AMOUNT..... \$85,683

PERFORMING ORGANIZATION: UNIV OF MASS MED CTR

TITLE: ADHERENCE TO DIETARY MODIFICATION

ABSTRACT:

Most preventive interventions require that an individual carry out specific behavioral prescriptions including the adoption and maintenance of new behaviors and the decrease or elimination of other ones. With regard to diet behaviors, dietary changes are feasible but inconsistently maintained. Although a number of theories and models have been proposed to explain behavior change and adherence behavior, some of them overlap and most fail to be comprehensive enough to include many factor known to influence health behaviors. Each theory or model addresses only a specific and limited aspect of behavior change and adherence to such change. For example, the health belief model fails to explain risk behaviors which have habitual component (such as smoking), health behaviors an individual engages in for non-health reasons (i.e., dieting to appear more attractive), and environmental factors which prevent an individual to engage in a particular health behavior (ie, limited budget for health food choices). Another problem in understanding adherence is that much of the current research on adherence is only loosely tied to theories and models of adherence behavior, perhaps because of the overlap among them and the limited efforts to integrate the various theories and models into a cohesive and heuristic framework.

The objectives of this proposed study are: 1) to conduct formative research in order to construct a broad conceptual framework to explain dietary adherence; 2) in utilizing the constructed framework, to conduct a prospective study to investigate factors which are related to adherence to DM by WHI participants; and 3) to develop and pilot-test an adherence assessment and intervention algorithm to be sued by WHI nutritionists with women presenting with adherence problems. Ad additional objective of this proposal is to provide the applicant with opportunities to enhance her research skills, training and development as outlined in this five-year proposal. The proposed award period will provide the applicant with mentored research experience and expertise in areas of specific interest to her -- namely, adherence, nutrition interventions, and women's health.

PROJECT NUMBER.....5 U01 AG13305-03

INVESTIGATOR NAME/ADDRESS

SCHULZ, RICHARD

WESTERN PSY INST & CLINIC

3811 O'HARA STREET

PITTSBURGH, PA 15213

AWARD AMOUNT..... \$411,277

PERFORMING ORGANIZATION: UNIVERSITY OF PITTSBURGH AT PITTSBURGH

TITLE: COORDINATING CENTER FOR ENHANCING ADRD CAREGIVING

ABSTRACT:

The proposed Coordinating Center (CC) will participate with the selected intervention Sites and the National Institute on Aging Program Administrator to carry out social and behavioral research on interventions designed to enhance family caregiving for Alzheimer's Disease and Related Disorders. The proposed CC will bring together substantive, methodological, analytic, and managerial expertise from the Department of Psychiatry and the Epidemiology Data Center of the University of Pittsburgh.

Responsibilities of the CC include the following: 1) Identify and compile background information regarding family caregiver research, including specification of available measurement tools and their psychometric properties; 2) Work with other investigators to identify, select, and psychometrically evaluate measures considered for inclusion in the common data set; 3) Develop standardized data collection protocol and data management system; 4) Collect, edit, store, and analyze all shared data; 5) Arrange all conference calls and meetings including the annual meetings of the Advisory Panel.

Other specific tasks to be undertaken by the CC include providing technical assistance to investigators on all aspects of conducting the proposed study, monitoring recruitment and retention, providing training to assure consistent implementation of the common protocol, developing and implementing a quality control system for data collection, preparing and developing all data collection forms, producing and updating a manual of operations, and devising plans for dissemination of information resulting from these studies. Quarterly progress reports will be written and sent to all intervention Sites, NIA, in addition to writing reports and providing data as needed for the Steering Committee. CC staff will collaborate with other investigators in the preparation and dissemination of research findings resulting from this research program.

PROJECT NUMBER.....5 K01 AG00586-06

INVESTIGATOR NAME/ADDRESS
SEEMAN, TERESA E
UNIV OF SOUTHERN CALIFORNIA

AWARD AMOUNT..... \$92,610

LOS ANGELES, CA 90089-0191

PERFORMING ORGANIZATION: UNIVERSITY OF SOUTHERN CALIFORNIA

TITLE: PSYCHOSOCIAL FACTORS AND NEUROENDOCRINE FUNCTION IN AGING

ABSTRACT:

The specific aims of this competitive renewal, requesting 2 additional years of NIA-SERCA funding, are two-fold: one didactic, the other methodologic (representing the application of acquired skills to a research project). The didactic goal is to provide training in sympathetic nervous system (SNS) physiology, with particular attention to patterns of SNS response to challenge and the possible effects of age, gender and psychosocial factors on patterns of response. This training will complement by SERCA training in HPA axis physiology during the initial 3 years of SERCA funding. This combined training will provide a greater breadth of knowledge relating to two major neuroendocrine regulatory systems which will allow me to pursue a more broad-based program of research. The research goal of this SERCA proposal is to apply my acquired knowledge of neuroendocrinology and my existing substantive and methodologic expertise in psychosocial epidemiology to designing and implementing a research project. This project is designed: 1) to address substantive and methodologic gaps in the literature that I have identified during my current SERCA training and, 2) to test hypotheses regarding the effects of age, gender and psychosocial characteristics on patterns of neuroendocrine response to challenge.

PROJECT NUMBER.....3 U01 HS08578-04S1

INVESTIGATOR NAME/ADDRESS

SHAPIRO, MARTIN F
RAND CORPORATION

AWARD AMOUNT.....\$50,818

1700 MAIN STREET
SANTA MONICA, CA 90407-2138

PERFORMING ORGANIZATION: RAND CORPORATION

TITLE HIV COST AND SERVICES UTILIZATION STUDY (HCSUS)

ABSTRACT:

HIV/AIDS is increasingly a disease of the disadvantaged; care is moving out of the major epicenters and treatment centers into dispersed communities and practice settings. Policymakers, health care providers, and HIV patients need accurate information that is relevant to these trends on the delivery of care, sources of financing and patient outcomes. Unbiased estimates at the national level, necessary for statistical inferences to the population of interest, currently are lacking. Therefore, we propose to cooperate with AHCPR in collecting data on a national probability sample of persons with HIV/AIDS and their providers. The study will enroll 4000 randomly selected subjects receiving care in 18 states and the District of Columbia from about 60 major and 120 smaller providers in 30 randomly selected locales and from 3 purposefully selected supplemental rural sites. Data collection will consist of a baseline interview, follow-up interviews at 6, 12 and 18 months, and medical (on 1 or 2 occasions) and billing record abstraction for data on utilization, costs and severity.

The research team includes: investigators from RAND, NORC, Project HOPE, Harvard Brown, Miami and Boston Universities, Jefferson, Mt. Sinai and Charles Drew Medical Colleges, UCLA, UCSD, San Francisco Department of Public Health, Kaiser-Permanente of Northern California, and other institutions, as well as leading HIV/AIDS providers in the communities sampled who will facilitate execution of the study and participate in scholarly work. Members of the HIV community will have a strong role in the project. To facilitate cooperation with AHCPR, all major meetings of the study team, and meetings of the community and scientific advisory Panels will be held in Washington.

This project will examine use and costs of medical and nonmedical services and how they vary geographically, across health care systems and patient clinical and demographic characteristics; examine variations in access to care, unmet needs for services, health-related quality of life, social support, quality of care, clinical epidemiology, satisfaction with care and knowledge about HIV/AIDS; validate measures of severity and staging; evaluate transitions in principal provider of care, and conduct special studies on HIV infection among women (to be sampled at twice the rate of men) and children (n=400), in rural areas (n=400), on mental health and dental care, and on formal and informal caregivers. We will estimate lifetime's costs of HIV treatment and the impact of health reform and therapeutic advances, as well as analyze ACSUS data to provide continuity with previous work. These data will provide national estimates of the impact of HIV that can answer a broad range of questions and will allow analyses of how care varies across sites, including those at the frontiers of the epidemic. The data will be made available for public use, and the project's investigators will respond rapidly to policy-related requests for data and additional studies.

PROJECT NUMBER.....5 R01 AG13379-02

INVESTIGATOR NAME/ADDRESS

SIEGEL, KAROLYNN

SLOAN-KETTERING INSTITUTE

1275 YORK AVE

NEW YORK, NY 10021

AWARD AMOUNT..... \$285,440

PERFORMING ORGANIZATION: SLOAN-KETTERING INSTITUTE FOR CANCER RES
TITLE: LATE MIDDLE AGE AND OLDER ADULTS LIVING WITH HIV/AIDS

ABSTRACT:

DESCRIPTION (adapted from Abstract): As antiretroviral and prophylactic treatments for HIV and associated diseases become increasingly effective in impeding disease progression, growing numbers of individuals will live with HIV infection as a chronic illness for lengthening periods of time. Hence, to understand how these individuals manage the many adaptive tasks associated with their seropositive status and to assess the quality of life they achieve is important for the provision of their care. The Principal Investigator proposes to examine the psychosocial adaptation to living with HIV infection among late middle-age and elderly (50+ years) adults from the greater New York City metropolitan area--an epicenter of the epidemic for older adults. These older HIV-infected individuals represent a very understudied segment of the population impacted by the AIDS epidemic. The research focus will be on identifying similarities and differences in adaptive tasks posed by the illness, coping responses evoked, and adaptational outcomes among infected individuals from three race/ethnic groups: native-born, non-Hispanic-whites, native-born African-Americans, and Puerto Ricans. A total of 60 infected older adults, 20 from each race/ethnic group, will be studied; within each race/ethnic group, 13 cases will be men and seven women. Given the dearth of information about the psychosocial adaptation of older HIV-infected adults, a qualitative research design is proposed.

The specific aims are: (1) to identify and describe the varied adaptive tasks that older HIV-infected adults must accomplish to successfully adjust to their condition and how these may or may not vary by race/ethnicity, by gender, by disease stage (AIDS vs. HIV-positive); (2) to identify and describe the coping strategies used by older HIV-infected adults to address the varied adaptive challenges posed by their condition and how these may or may not vary by race/ethnicity, by gender, by disease stage; (3) to examine, for each adaptive task, the consequences (i.e., both adaptive and maladaptive) of alternative coping responses and how these may or may not vary by race/ethnicity, by gender, and by disease stage; (4) to examine older, HIV-infected adults' perceptions of the adequacy of available informal and formal support, and their perceptions of factors that impede or facilitate access to needed support resources; and (5) to gather information that will inform the design of a subsequent survey study of the research issues (e.g., information regarding appropriate criteria for successful adaptation, data on the suitability of existing standardized measures for investigating coping and adaptation among older HIV-infected adults).

PROJECT NUMBER.....5 R01 AG13863-02

INVESTIGATOR NAME/ADDRESS

SLOANE, PHILIP D

UNIV OF NC AT CHAPEL HILL

725 AIRPORT RD BLDG

CHAPEL HILL, NC 27599-7590

AWARD AMOUNT..... \$451,996

PERFORMING ORGANIZATION: UNIVERSITY OF NORTH CAROLINA CHAPEL HILL

TITLE: ALTERNATIVES TO NURSING HOMES FOR ALZHEIMER'S DISEASE

ABSTRACT:

DESCRIPTION: The proposed four-year project involves a one-year observational study of special care units (SCUs) for patients with Alzheimer's Disease and related disorders (AD). Because residential alternative settings (RAS) have been increasing rapidly as an alternative to nursing home (NH) care and because they are largely unstudied, the proposed project will compare costs and outcomes of care across three settings: 1) nursing home (NH) SCUs, 2) small (s 10 patients) RAS SCUs, and 3) large RAS SCUs.

The specific aims of the proposed project are as follows: 1) To describe and compare the residents, structural characteristics, and process of care in AD SCUs in NHs and in large and small RAS, and to determine the prevalence of SCUs in these settings; 2) To compare the outcomes of SCU residents with moderate or severe cognitive impairment in NHs with those in RAS with respect to rates of avoidable hospitalizations, declines in ADLs, weight loss, change in agitated behaviors, family satisfaction, engagement in social activities, and use of physical restraints; 3) To compare the costs per resident of AD SCUs in NHs with AD SCUs in RAS; and 4) Within RAS, to determine whether the outcomes and costs of SCUs in small homes differ from those of large homes.

Homes will be selected randomly from a sampling frame consisting of 5 pairs of states chosen because they represent a broad range of geography and degree of RAS regulation. Four hundred eighty subjects with dementia from 40 NH SCUs will be compared to similar numbers of patients in 40 large RAS SCUs and 60 small RAS SCUs. Assuming a 20% attrition over a one year period, this will result in an analysis sample of 1200 subjects who will have been followed for a one-year period. Power calculations using estimates from the literature as well as ongoing studies by Dr. Sloane indicate that the study will have adequate power for both facility and patient level analyses. Data collection will include facility level, patient level, and family level data and will be collected using face-to-face interviews, telephone interviews, and direct observation, with facility staff, patients, and family members. Data collection instruments and procedures developed for the NIA SCU Cooperative Agreement studies will be modified for use in the proposed project. In addition, HCFA Medicare data will be obtained for cost analyses. Data analysis will be both descriptive and analytic and will be conducted at the facility level as well as at the patient level, accounting for the clustering effect of patients within a facility.

PROJECT NUMBER.....5 R01 AG10738-03

INVESTIGATOR NAME/ADDRESS

STANGE, KURT C

CASE WESTERN RESERVE UNIV

11001 CEDAR AVE

CLEVELAND, OH 44106

AWARD AMOUNT.....\$221,985

PERFORMING ORGANIZATION: CASE WESTERN RESERVE UNIVERSITY

TITLE: BUFFERS OF IMPAIRMENT-DISABILITY CASCADE AMONG THE OLD

ABSTRACT:

Disability among the old-old leads to diminished quality of life and a disproportionate amount of health care resource use. There is increasing recognition that efforts to decrease disability among the elderly must be based on a better understanding of factors which slow down the cascade from chronic illness to organ-level physical impairment to disability. Progression along this cascade is not inevitable, but may be buffered by personal and social resources, preventive adaptations and impairment-relevant ameliorative adaptations.

We have a unique opportunity to study a comprehensive model of this cascade and its buffers on a sample of the 660 elderly, age 75+, who are enrolled in an ongoing NIA-funded MERIT award study of Florida retirees. A three wave longitudinal design will be used in conjunction with data collection in the ongoing study. The proposed new study will introduce performance-based assessments of physical impairment, additional measures of specific adaptations to impairment, and time use measures of social disability. The study will take advantage of existing measures of chronic illness, personal (ADL/IADL) disability, health promotion activities, and social, psychological and economic resources.

Descriptive analyses will characterize the illness - impairment – disability cascade and its effects on quality of life and health care use, and will identify the range of adaptations activated by the elderly to deal with their impairments. Least squares regression and structural equation modeling will be used to test a comprehensive model of buffers of this cascade. Findings from the proposed study will be useful to policy makers, service providers and others attempting to minimize disability and enhance quality of life among the elderly.

PROJECT NUMBER.....1 R43 AG14317-01

INVESTIGATOR NAME/ADDRESS

STERNS, RONNI S

CREATIVE ACTION, INC

AWARD AMOUNT..... \$100,000

680 NORTH PORTAGE PATH

AKRON, OH 44303

PERFORMING ORGANIZATION: LIFESPAN ASSOCIATES

TITLE: INTERPRECARE SYSTEM--A LANGUAGE INTERVENTION PRODUCT

ABSTRACT:

Differences in the language spoken by residents and staff in long-term care create a variety of problems, including confusion, agitation, and combative behavior of residents toward staff, and difficulty of staff in providing quality care. Market potential exists for the development of Language Boards as innovative intervention products to overcome problems created by language differences. A number of long-term and acute-care facilities have expressed interest in purchasing Language Boards to increase the quality of life and care for residents. Lifespan Associates, Inc. proposes to design, manufacture and market a Language Board System to meet this need. The Language Board System will feature the Language Board with changeable words and phrases in English and the resident's phonetically-translated native language. Words and phrases will be specific to long-term care staff/resident interactions. In Phase I, an experimental design involving observations of staff/patient interactions and personal interviews will test the feasibility of using Language Boards to improve staff/resident interactions. Preferred product characteristics will be determined. Results of Phase I research will specify product function and design criteria for Phase II product refinement, and market-testing in geographically-dispersed and linguistically-diverse settings.

PROPOSED COMMERCIAL APPLICATION: Long-term care facilities desire interventions to improve staff/resident interactions in which differences in language impose barriers. It is estimated that 10% of nursing home residents speak no English or English as a second language. Facilities such as Menorah Park and Montefiore Homes in Cleveland, OH has expressed strong interest in purchasing Language Boards.

PROJECT NUMBER.....5 R01 AG09931-06

INVESTIGATOR NAME/ADDRESS

STEWART, ANITA

INSITUTE FOR HEALTH & AGING

BOX 0646

SAN FRANCISCO, CA 94143-0646

AWARD AMOUNT..... \$343,516

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO

TITLE: INCREASING PHYSICAL ACTIVITY OF ELDERS IN THE COMMUNITY

ABSTRACT:

Scientific evidence indicates that physical activity contributes in important ways to the improved health, functioning, and quality of life of older adults, which in turn enhance independence and contribute to reduced utilization of health care. A critical next step is to increase the physical activity levels of large segments of the older adult population, who are largely sedentary. This requires community-based, public-health oriented programs appropriate for all older adults as well as recruitment strategies that effectively recruit those who can most benefit yet who typically do not volunteer to join such programs. The Community Healthy Activities Model Program for Seniors (CHAMPS) is among the first of such programs attempting to fill these needs, encouraging enrollees to participate in community-offered physical activity classes and programs. CHAMPS successfully increased physical activity levels in a sizable proportion of enrollees over a 6-month period; those who did so experienced corresponding improvements in psychological well-being. Based on the results from this first-generation project, we propose to extend and improve the recruitment methods and the intervention. The specific aims are to: (1) implement, using a randomized, controlled design, a 1- year community-based intervention that is tailored to individual needs and preferences, combines use of physical activity classes offered by the community with home-based approaches, and targets underactive older adults (65+ years of age) enrolled in a Medicare HMO; (2) evaluate the effectiveness of the program in terms of increased physical activity levels, enhanced physical functioning and other aspects of health-related quality of life; (3) identify factors contributing to program adoption and refusal; (4) describe the effectiveness of innovative recruitment methods to reach those who can most benefit; and (5) evaluate cost-effectiveness. The emphasis is on increasing moderate-intensity endurance activities such as walking, swimming, and general conditioning exercises that expend calories and promote leg strength that are important to physical functioning, and that are relatively easy for seniors to participate in. Using principles of social cognitive and stages of change theories, each person will be encouraged to begin at his/her own level and gradually increase the frequency and duration of activity, aiming for a goal of 3-4 times weekly. Approximately 1,100 HMO enrollees will be screened by telephone and enumerated. Eligible persons will be proactively recruited using innovative methods to attend an introductory meeting where they will be invited to join. Of these, 240 will be randomized and followed for a 1- year period; the wait-list control group will receive the program at that time. Results will be evaluated using analysis of covariance and other multivariate methods. The goal of the study is to facilitate long-term lifestyle changes in physical activity patterns by developing a program that meets the needs of as many seniors as possible and can ultimately be integrated into a local senior center or a Medicare HMO as an ongoing service to older adults in the community.

PROJECT NUMBER.....1 R43 AG13594-01A1

INVESTIGATOR NAME/ADDRESS
STROMBECK, RITA D
HEALTHCARE EDUCATION ASSOC
70 CAMPTON PLACE
LAGUNA NIGUEL, CA 92677

AWARD AMOUNT..... \$85,131

PERFORMING ORGANIZATION: HEALTHCARE EDUCATION ASSOCIATES
TITLE: HIV/AIDS PREVENTION AND OLDER PATIENTS

ABSTRACT:

According to the Centers for disease control and Prevention, 10% of all persons reported with AIDS in the United States are aged 50 or older. Physicians, nurses, and other health care professionals who come in contact with midlife and older adults are well-situated to deliver prevention education. However, many health care professionals do not adequately recognize the risk of HIV/AIDS in older adults and therefore, do not communicate prevention messages. HealthCare Education Associates proposes to develop and test a prevention education package about HIV/AIDS and adults aged 50 and older that targets health care professionals.

The goals of this project are to develop and rigorously evaluate a peer-led multimedia education program for health care professionals, including physicians, nurses, an allied health personnel, that focuses on primary prevention (risk reduction) and secondary prevention (prompt identification and treatment). The curriculum will be designed for a two-hour format and will include the following: 1) leader's guide; 2) participant workbook; and 3) 20-30 minute video.

The written curriculum will be completed during Phase II. Phase II will result in the production of a video to accompany the written curriculum as well as an evaluation of the total multimedia education package. The program will be tested for its effectiveness in addressing knowledge, attitudes, and behavior changes in health care professionals regarding HIV/AIDS prevention in adults aged 50 and over.

PROJECT NUMBER.....5 R01 AG09389-05

INVESTIGATOR NAME/ADDRESS

TAGER, IRA B

UNIVERSITY OF CALIFORNIA

140 EARL WARREN HALL

BERKELEY, CA 94720-7360

AWARD AMOUNT..... \$605,980

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA BERKELEY

TITLE: EPIDEMIOLOGY OF AGING AND PHYSICAL PERFORMANCE

ABSTRACT:

This proposal is for a 5-year study to examine the hypothesis that lowered levels of objectively measured exercise capacity and pulmonary function are important predictors of reduced age-related levels of physical performance after adjustment for lifestyle (e.g., exercise habits), disease morbidity and smoking. The study also will assess the effects of aging itself on changes in exercise capacity and lung function after adjustment for important covariates. Finally, the study will assess the extent to which social variables (e.g., living arrangements) affect the association between age, exercise and lung function on levels of physical performance (particularly ADL and IADL).

A community-based sample of approximately 3673 non-institutionalized male and female residents of Sonoma, CA aged greater than or equal to 55 years will be enrolled. Baseline home interviews and laboratory-based assessments will be conducted. The home interview will address self-reported and direct measures of physical performance, disease morbidity, current and past exercise habits, history of smoking and alcohol consumption, level of cognitive function, symptoms of depression, living arrangements and other measures of social networks and social support. Exercise capacity (time on treadmill, O₂ consumption and other physiological variables measured during treadmill exercise) and pulmonary function (maximum expiratory flow-volume curves, inspiratory and expiratory pressures) will be measured in a community-based laboratory. Two subsequent contacts will be made with the respondents. Approximately 16 months after baseline, a second home interview will be conducted. A third contact will be made 16 months later to administer the home interview and to conduct a second laboratory evaluation.

In addition to the determination of the extent to which baseline exercise capacity and lung function predict subsequent levels of physical performance, this study will provide data essential for the development of studies to test strategies to improve the health and adaptive capacities of the elderly.

PROJECT NUMBER.....5 R01 AG10135-06

INVESTIGATOR NAME/ADDRESS

TAYLOR, ROBERT J

UNIVERSITY OF MICHIGAN

1065 FRIEZE BLDG

ANN ARBOR, MI 48109-1285

AWARD AMOUNT..... \$233,580

PERFORMING ORGANIZATION: UNIVERSITY OF MICHIGAN AT ANN ARBOR

TITLE: RELIGION, STRESS AND PHYSICAL/MENTAL HEALTH IN BLACKS

ABSTRACT:

The proposed research will investigate the impact of religious participation on the physical measures of religious involvement on key mental and physical health outcomes within a multifactorial framework based on the life stress paradigm. The impact of organizational, nonorganizational, and subjective religiosity and other religious constructs on outcomes such as psychological well-being, psychological distress, health status, and mortality will be investigated using multiple datasets comprising several waves of panel data from the National Survey of Black Americans (NSBA). These include the original NSBA Study, the additional three waves of the NSBA Panel Study, and the NSBA Mortality Follow-Up. The conceptual components of the life stress paradigm, including social stressors, social and psychological resources, and coping, will be included in specifying multifactorial models which will be analyzed through a variety of multivariate procedures. These will include logistic regression, path analysis, covariance-structure modeling (primarily-structural-equation modeling), and proportional hazards modeling (to model the continuous-time data available on mortality). The proposed research will contribute to our understanding of the impact of religious involvement on health and well-being among Black Americans through sophisticated methodological and data-analytic strategies.

PROJECT NUMBER.....5 R01 AG12381-03

INVESTIGATOR NAME/ADDRESS

TAYLOR, THOMAS R

UNIVERSITY OF WASHINGTON

AWARD AMOUNT..... \$233,439

BOX 354795

SEATTLE, WA 98195-4795

PERFORMING ORGANIZATION: UNIVERSITY OF WASHINGTON

TITLE: PHYSICIANS POLICIES IN PREVENTIVE HORMONE THERAPY

ABSTRACT:

RATIONALE: Given increasing knowledge of the benefits and risks of preventive hormone therapy (PHT) for women after menopause, there is a clear need for understanding of women's preferences and their physician's judgments and practices in its use. Existing knowledge of physician practice patterns is based on self-reported physician practice in narrowly defined physician populations which limits the generalizability of findings.

SPECIFIC AIMS: The specific aims are (1) to describe and compare the clinical decision policies, self-reported practice, and patient-reported physician practice of physicians regarding the use of preventive hormone therapy for post-menopausal women age 50-59 and (2) to identify physician, office, and patient factors associated with differences in clinical decision policies and practices between and within groups of physicians.

SUBJECTS: 900 physicians, 300 from each of three specialties-family physicians/general practitioners, internists, and gynecologists currently practicing in Washington, Alaska, Montana, and Idaho will be randomly sampled across four strata defined by the four states and weighted by the proportion of physicians from the target population in each state.

MEASUREMENTS: Three surveys will be completed in three related samples from the three specialty groups. Physician self-reported practice and attitudes will be collected by a survey mailed to the 300 physicians in each specialty. Clinical decision policies will be measured by mailed case vignettes in a subsample of 143 physicians in each specialty randomly sampled across state strata. Physician practice will be measured by 40 mailed patient surveys per physician practice in a random subsample of 28 physicians in each specialty who return the clinical decision policies survey.

SIGNIFICANCE AND LONG-TERM OBJECTIVES: The outcome will be an understanding of physician policies and practices which can inform interventions. The broad objectives are to integrate this knowledge with an understanding of patient preferences to create a model of physician and patient shared decision making similar to that which has been developed for the management of benign prostatic hypertrophy in males.

PROJECT NUMBER.....5 R44 AG11533-03

INVESTIGATOR NAME/ADDRESS

TENNSTEDT, SHARON L

NEW ENGLAND RESEARCH INST

9 GALEN ST

WATERTOWN, MA 02172

AWARD AMOUNT..... \$286,951

PERFORMING ORGANIZATION: NEW ENGLAND RESEARCH INSTITUTES, INC.

TITLE: OLDER PATIENTS AND PHYSICIANS AS PARTNERS

ABSTRACT:

Active patient involvement in therapeutic decision making has been related to increased adherence to prescribed medical regimens and improved disease prognosis. Older patients, however, are less likely to assume an active role during the physician visit. The purpose of this SBIR is to develop and test an educational program to empower elders to take an active role as partners with physicians in their health care. The program will consist of a structured 2-hour workshop developed around a 20-minute video, including group discussion, role plays and other structured activities, and accompanying print materials for the participant (Participant Workbook, Pocket Reference Guide, and Doctor's Visit Preparation Book and Diary) to reinforce and refresh materials covered in the video and group session. Phase II activities will consist of production of the video and accompanying educational materials; evaluation of the program's effectiveness in changing patient behavior during the physician visit; and finalization of distribution strategy and utilization.

PROPOSED COMMERCIAL APPLICATION: Educational video program for health education programs sponsored by health and aging service providers; the video has also been designed for stand-alone use by health care providers.

PROJECT NUMBER.....5 R44 AG11787-03

INVESTIGATOR NAME/ADDRESS

TENNSTEDT, SHARON L

NEW ENGLAND RESEARCH INST

9 GALEN ST

WATERTOWN, MA 02172

AWARD AMOUNT..... \$352,728

PERFORMING ORGANIZATION: NEW ENGLAND RESEARCH INSTITUTES, INC.

TITLE: PHYSICAL VS MENTAL HEALTH OF OLDER PERSONS--A VIDEO

ABSTRACT:

Older people in the US receive most of their health care from primary care providers (internists, family or general practitioners). Consequently it is incumbent on them to differentially diagnose physical vs. emotional health problems. Depression in older persons presents particular challenges in this regard. Depression in the elderly is frequently masked as a somatic episode and much of it appears as comorbidity. While depression among elders is known to be prevalent, there are estimates that up to 90 per cent of it is "missed" during everyday clinical encounters. Physicians are often not well trained to recognize elder depression. Their practice settings may discourage its detection because it is time consuming and under reimbursed. The overall goal of this SBIR is to produce a CME-accredited program to sensitize internists, primary care physicians and family practitioners to the presence and subtleties of depression in their elderly patients in order to enhance their diagnostic skills. Tasks during Phase I included: (a) developing (with a team of practicing psychiatrists and internists) the precise content areas of the program; (b) producing a media treatment under the leadership of Ms. Betty Scharf (an award winning film producer at NERI); (c) review and written criticism of the script by an Advisory Committee; (d) revising the media treatment on the basis of reviewers' recommendations; (e) developing a production schedule for early in Phase II. The Aims of Phase II include the actual production and evaluation of the program in collaboration with the Division of General Internal Medicine, Boston University School of Medicine. The product at the end of Phase II will be an evaluated, state-of-the-science, educational videotape ready for mass production and distribution to internists, primarily providers, geriatricians, gerontologists, nurses and medical social workers during Phase III.

PROPOSED COMMERCIAL APPLICATION: A video to improve differential analysis of physical vs. emotional health problems overview of appropriate treatment that could be used in health education curricula and continuing education programs for physicians (participating internists and primary care physicians), nurses, and social workers.

PROJECT NUMBER.....1 R43 AG14319-01

INVESTIGATOR NAME/ADDRESS
TRAUNTMAN, EDWIN D
LAZO GERTMAN & ASSOCIATES INC
1344 MAIN STREET
WALTHAM, MA 02154

AWARD AMOUNT..... \$100,000

PERFORMING ORGANIZATION: LAZO, GERTMAN AND ASSOCIATES, INC.
TITLE: PERSONALIZED INTERACTIVE EXERCISE SYSTEM

ABSTRACT:

The overall objective of this Phase I SBIR effort is to design a personally customized, interactive multimedia expert system for promotion of exercise programs among chronically ill elderly patients, called the "Personalized Interactive Exercise" ("PIE"). This will be built as a specialized module on top of a comprehensive, multimedia distributed network computer system for "Continuously Available Medical Care" (CAMC) focused on the needs of chronically ill patients. Using the advanced CAMC Tool Kit scripting and expert system language, physicians will input medical condition parameters and patients will provide personal preferences and home/living factors, then the PIE software will create a customized training and monitoring CD-ROM which accounts for medical problem factors such as diabetes and peripheral vascular disease. Multimedia video training, rules for progression of exercise and live videoconferencing to physicians and exercise trainers will be features of the PIE system. As part of this Phase I effort, a prototype will be constructed and tested at congregate housing for the elderly in conjunction with researchers from the Hebrew Rehabilitation Center for the Aged in Boston.

1. PROPOSED COMMERCIAL APPLICATION: The market for PIE modules and products is substantial. The marginal value of PIE to the CAMC homecare system is approximately \$100 per year; for the 1 million high cost illness patients this totals \$100 million per year as a market. Even if LG&A reaches only several percent, this is very attractive annual recurring revenue base with high net income after the first few years. Sales of PIE "authoring" software for physicians to create PIE CD-ROMs for their patients, priced at \$750 (as an example) per primary care physician to a market with 300,000 potential buyers is also a several hundred million dollar opportunity; again a small percent of this market is an attractive business for LG&A.

PROJECT NUMBER.....5 R01 AG11354-05

INVESTIGATOR NAME/ADDRESS
ZARIT, STEVEN H
PENNSYLVANIA STATE UNIVERSITY
S-119 HENDERSON BLDG
UNIVERSITY PARK, PA 16802

AWARD AMOUNT..... \$295,813

PERFORMING ORGANIZATION: PENNSYLVANIA STATE UNIVERSITY-UNIV PARK
TITLE: MENTAL HEALTH OF CAREGIVERS OF THE ELDERLY

ABSTRACT:

The proposed study represents a collaboration of university-based researchers and the Gerontology Program of the New Jersey Department of Health. The overall goal is to assess the benefits of day care services for family caregivers of older people with dementing illnesses. A secondary objective is to study patterns of service use. While an extensive literature documents the stressfulness of caring for a frail older person, relatively little research has investigated the benefits and drawbacks of various interventions for family members. In particular, day care and respite services have been proposed as a critical link in community-based long-term care, but evidence of benefits for the mental health and well-being of caregivers is limited. Drawing upon a general stress process model, we will investigate the proposed mechanisms by which respite is expected to benefit caregivers. Specifically, we expect that day care will affect the amount of time caregivers have available for other activities, which should result in changes in caregivers' appraisals of stressors and overall well-being. A quasi-experimental design will be used. Experimental subjects will be 200 principal family caregivers of dementia patients participating in a New Jersey program of day care, which provides extensive subsidies for the cost of services. A control sample matched on key variables (kin relationship which includes gender, living arrangements, race, and SES) will be drawn from a comparable population in another state in which day care subsidies are not widely available. Subjects will be evaluated at 3 points in time: prior to day care (or baseline for controls), 3 months, and 1 year. Data analysis will include repeated measures ANCOVA and model testing to determine the effects of the provision and amount of respite on caregivers' appraisals of stressors and well-being.

PROJECT NUMBER.....5 R29 AG11407-04

INVESTIGATOR NAME/ADDRESS

ZIMMERMAN, SHERYL I

UNIVERSITY OF MARYLAND

660 WEST REDWOOD STREET

BALTIMORE, MD 21201

AWARD AMOUNT..... \$67,743

PERFORMING ORGANIZATION: UNIVERSITY OF MARYLAND BALT PROF SCHOOL
TITLE: AGED WITH DEMENTIA--FACILITY EFFECTS ON HEALTH OUTCOMES

ABSTRACT:

An estimated 65% of new nursing home admissions suffer from dementia, and concern for the quality of their care is growing. In response, the use of special care units (SCUs) for persons with dementia is proliferating. The growth of SCUs has been controversial, because it has proceeded in an unregulated fashion and without clear benefit for residents. Health care professionals recognize the need to examine the particular features of long-term care which are important in the care of nursing home residents with dementia.

Given the limited research in this area, the proposed study is designed to: (1) describe and compare the characteristics of a diverse set of 59 nursing homes (including 14 SCUs) which contain a mix of patients similar to those in U.S. facilities; and (2) assess the relationship between facility characteristics (e.g. staff/resident ratio; resident involvement in activities) and health outcomes (mortality, morbidity, health care use) for demented residents during the year following admission to the nursing home. Secondly, it will examine whether the effect of facility characteristics influence functional outcomes (cognition; independence in activities of daily living; behavior) for survivors at one year post-admission, and whether the facility characteristics which are beneficial for demented residents are also of benefit for non-demented residents.

This study will build on and use data from a current study of new admissions to Maryland nursing homes (ROI AG082II). All individuals (N=2000) aged 65 or older admitted for the first time to a 24% stratified random sample of 53 nursing homes during one year are being enrolled. Within one month of admission, evaluators interview residents, family and staff and abstract charts to obtain information about medical, cognitive and functional status. An expert panel of neurologists and psychiatrists is examining these data and making a determination of dementia following DSM-III-R criteria. Mortality, morbidity (infections, pressure sores, falls, febrile episodes) and nursing home and acute care use are being monitored through one year by chart review.

The proposed project will use data collected in the current study and will add 6 SCUs (and 60 new admissions) to the 53 facilities. Detailed information about the facility (the treatment setting and the type of care provided) will be obtained from direct observation, interview with administrative personnel, and review of care plans. Also, information on functioning will be obtained for those surviving to one year.

This study is unique in its examination of the relationship of facility characteristics to multiple quality of life outcomes for a large cohort of residents who are representative of all U.S. admissions and whose diagnosis of dementia is determined by an expert panel.

PROJECT NUMBER.....5 R01 AG13871-02

INVESTIGATOR NAME/ADDRESS

ZIMMERMAN, SHERYL I

UNIVERSITY OF MARYLAND

660 WEST REDWOOD STREET

BALTIMORE, MD 21201

AWARD AMOUNT..... \$463,222

PERFORMING ORGANIZATION: UNIVERSITY OF MARYLAND BALT PROF SCHOOL
TITLE: MEDICAL AND FUNCTIONAL OUTCOMES OF RESIDENTIAL CARE

ABSTRACT:

DESCRIPTION: The investigators propose to determine the adverse medical outcomes (mortality, morbidity, health service utilization) and change in health and functional status (cognitive, affective physical, instrumental, behavioral and social) for 1,320 randomly selected elderly persons aged 65 or older living in 276 randomly selected, geographically diverse residential care facilities (public housing, retirement community, and freestanding facilities), stratified by licensure status (yes/no) and size (small--2-10 beds, medium--11-50 beds, & large--51 beds or more). Outcomes will be related to structure of care (licensure, size, management, medical structure, environment), the process of care (services, psychotropic use, restraint use, philosophy), and the interaction between the two, and will control for baseline status. Assessments will occur at baseline and again at 3, 6, 9 (for medical outcomes) and 12 months (for change in health and functional status) following baseline. Findings will be compared to those from an ongoing study of residents in nursing homes (n = 4547).

Centers, Program Projects, Subprojects

PROJECT NUMBER.....3 P20 AG12059-03S2

INVESTIGATOR NAME/ADDRESS

ALLEN, WALTER R

RAND

AWARD AMOUNT..... \$72,559

1700 MAIN ST P O BOX 2138

SANTA MONICA, CA 90407-2138

PERFORMING ORGANIZATION: RAND CORPORATION

TITLE: FAMILY AND THE HEALTH OF AFRICAN-AMERICAN ELDERLY

ABSTRACT:

The goal of the proposed center is to build upon the resources of RAND, Drew/King Medical Center, and a network of senior citizens' centers in South Central Los Angeles and adjacent areas to study the role of the family in promoting the health of the elderly and ultimately to design interventions to strengthen that role. The focus will be on the activity of the family in promoting health in a community setting. Our research agenda is composed of three primary components.

1. Development of Measurement and Screening Instruments for African- American Elderly
2. Studies of the Determinants of Health Behavior and Outcomes African-American Families and Elderly
3. Development and Evaluation of Innovative Methods of Community-Based Health Education for African-American Elderly

PROJECT NUMBER.....3 P20 AG12059-03S2

INVESTIGATOR NAME/ADDRESS

ALLEN, WALTER R

RAND

AWARD AMOUNT..... \$12,093

1700 MAIN ST P O BOX 2138

SANTA MONICA, CA 90407-2138

PERFORMING ORGANIZATION: RAND CORPORATION

TITLE: FAMILY AND THE HEALTH OF AFRICAN-AMERICAN ELDERLY

SUB TITLE: RESEARCH CORE

ABSTRACT:

The exploratory center grant seeks to develop a program of interventions to improve the health status of older African-Americans. In order to develop and evaluate interventions for older African-Americans, reliable and valid health status measures are needed. However, most measures of the health status of the elderly have not been developed for or tested among African-American populations. The research core of this exploratory center grant will coordinate the development and evaluation of measures that will be used to examine the effectiveness of the interventions designed to improve the health and independence of older African-Americans. We will build upon previous work in health status assessment, but tailor our assessment instruments to be most sensitive to older African-American individuals using focus groups and expert interviews. The health status measures will be pretested prior to the intervention studies and their psychometric properties thoroughly evaluated. Previously used measures will be supplemented by additional interview-based measures we develop and by measures of physical performance. The specific objectives of this exploratory center core grant are to: 1) develop health status and family function measures appropriate for use with elderly African-American individuals; 2) evaluate the psychometric performance of these measures including their acceptability, reliability, validity, and cross-cultural equivalence; and 3) develop screening measures for use by family members to identify early signs and symptoms of dementia and depression. 4) By carefully pilot-testing and analysis of the data, we will examine each method and select the most cost-effective without sacrificing data quality.

PROJECT NUMBER.....3 P20 AG12059-03S2

INVESTIGATOR NAME/ADDRESS

HEWLETT, EDMOND R

RAND

AWARD AMOUNT..... \$12,093

1700 MAIN ST P O BOX 2138

SANTA MONICA, CA 90407-2138

PERFORMING ORGANIZATION: RAND CORPORATION

TITLE: FAMILY AND THE HEALTH OF AFRICAN-AMERICAN ELDERLY

SUB TITLE: ORAL HEALTH IN AFRICAN-AMERICAN ELDERLY

ABSTRACT:

The project will build on research currently being conducted at the UCLA- Drew Minority Oral Health Research Center to answer following:

1. What is the oral health status, in terms of oral morbidity, disability, and functional limitation of African-American families in a subset of the African-American population in South Central Los Angeles? How does it compare to the general population as measured in the National Institute of Dental Research(NIDR) in 1986?
2. What is the nutritional status of African-American families and is it related to their oral health status?
3. What is the general health status of African-American families and is it related to oral health status?
4. What are the sociodemographic correlates of health status (including oral health)?
5. What are the utilization rates of dental services and what are the psychological/social/cultural factors that influence utilization?

The study will use a combination of clinical examinations, survey measures, and ethnographic techniques to describe the oral health of a population of African-American elderly and their families.

FY 1997 Abstracts - PGR GRANT

PROJECT NUMBER.....3 P20 AG12059-03S2

INVESTIGATOR NAME/ADDRESS

MYERS, HECTOR FRANKLIN

RAND

AWARD AMOUNT..... \$12,093

1700 MAIN ST P O BOX 2138

SANTA MONICA, CA 90407-2138

PERFORMING ORGANIZATION: RAND CORPORATION

TITLE: FAMILY AND THE HEALTH OF AFRICAN-AMERICAN ELDERLY

SUB TITLE: THE ROLE OF THE FAMILY IN STROKE AND STROKE PREVENTION

ABSTRACT:

Stroke is a major cause of morbidity and mortality among African-American elderly. This pilot will collect preliminary data on the relationship between measures of family structure and function and 1)control of several stroke risk factors in a population at relatively high risk for strike and 2)patient functional outcomes and family adjustment among new stroke patients. We hypothesize that elderly minority individuals with more intact family social, psychologic, and economic structure will be able to achieve improvement of stroke risk factors primarily through superior process of both the medical care which they receive and self-directed health improvement strategies. Two specific investigations will be undertaken.

The first of these will be a cross-sectional evaluation of the presence and control of stroke risk factors among patients at risk for stroke because of the presence of either hypertension or diabetes or both of these conditions. The second investigation will focus on a recent post-stroke group of individuals and will evaluate the impact of stroke on the functional adjustment of African American elderly and their families. The overall goal of this investigation is to lead to the generation of specific interventions that may be subsequently evaluated for their efficiency as tools to enable family members to augment stroke prevention strategies for inner city and other African American elderly populations.

PROJECT NUMBER.....3 P20 AG12059-03S2

INVESTIGATOR NAME/ADDRESS

REUBEN, DAVID B

RAND

AWARD AMOUNT..... \$12,093

1700 MAIN ST P O BOX 2138

SANTA MONICA, CA 90407-2138

PERFORMING ORGANIZATION: RAND CORPORATION

TITLE: FAMILY AND THE HEALTH OF AFRICAN-AMERICAN ELDERLY

SUB TITLE: A HEALTH SCREENING, OUTREACH AND ASSESSMENT PROGRAM

ABSTRACT:

The aims of this project are the following:

1. To modify existing health and functional status screening instruments and develop new instruments in conjunction with the Research Core, when necessary, that are sensitive to the ethnic differences of the inner-city African-American population.
2. To train community-based health professionals in the Project Safety Net model.
3. To use existing senior citizens' centers, meal sites, board-and-care housing, and churches, to identify frail elderly persons who may benefit from the Project Safety Net comprehensive geriatric assessment and to integrate explicitly family members into the process of assessment and compliance with referral for high-risk elderly.
4. To collect preliminary data to prepare for the submission of a proposed randomized clinical trial that tests the effectiveness of the Project Safety Net model in an inner city African-American population.

In conjunction with the Research Core, the pilot will first select instruments for screening an urban African-American population. The project will then screen a population of participants at several senior citizens' centers in South Central and perform selective comprehensive geriatric assessments. The staff will refer participants to needed services and communicate the results of the screening to the primary providers. The result of the pilot phase will be a clinical community-based screening program tailored to the needs of the inner-city African-American community.

PROJECT NUMBER.....3 P20 AG12059-03S2

INVESTIGATOR NAME/ADDRESS

STRIDKLAND, TONY L

RAND

AWARD AMOUNT..... \$12,093

1700 MAIN ST P O BOX 2138

SANTA MONICA, CA 90407-2138

PERFORMING ORGANIZATION: RAND CORPORATION

TITLE: FAMILY AND THE HEALTH OF AFRICAN-AMERICAN ELDERLY

SUB TITLE: NEUROCOGNITIVE FUNCTION AMONG AFRICAN-AMERICAN ELDERLY

ABSTRACT:

Aging results in significant increases in the incidence of medical and neurobehavioral pathology. This trend is especially ominous for African-American men, for whom the rate of accompanying neuropathologic disturbance is most pronounced. Although the family is typically the first to observe significant alterations in mental status, family members have not been systematically and effectively used to establish the baseline, course, and/or pathologic consequence of neurocognitive changes. In the three-year between- and within-subject repeated-measures design we propose here, we will train a designated family member and/or caregiver to obtain selected neurocognitive and psychosocial measures on 140 elderly African-American men and women between the ages of 65 and 90.

The proposed study has the following specific aims:

2. To use family members to help identify and define possible age variance on cognitive and psychosocial functioning among African-American elderly.
3. To use family members to identify and define the possible gender differences of cognitive and psychosocial functioning among African-American elderly.
4. To develop preliminary data on the use of African- American family members as resources to obtain selected neuropsychological and psychosocial measures of neurobehavioral functioning among the elderly.

PROJECT NUMBER.....3 P20 AG12059-03S2

INVESTIGATOR NAME/ADDRESS

YANCEY, ANTRONETTE K

RAND

AWARD AMOUNT..... \$12,093

1700 MAIN ST P O BOX 2138

SANTA MONICA, CA 90407-2138

PERFORMING ORGANIZATION: RAND CORPORATION

TITLE: FAMILY AND THE HEALTH OF AFRICAN-AMERICAN ELDERLY

SUB TITLE: CANCER PREVENTION VIDEOS IN A COMMUNITY SETTING

ABSTRACT:

The proposed pilot has the following objectives:

1. Exploration of the feasibility of utilizing health education/promotion videos in the elderly African-American population.
2. Assessment of the immediate effect of the video intervention on breast cancer knowledge, attitudes and self-concept.
3. Assessment of the distant effect of the video intervention on breast cancer screening behavior.
4. Examination of the relationship between family and social support and the effectiveness of the video intervention.
5. Development of a parallel video intervention directed toward the primary/secondary prevention of a cancer-related health problem in elderly men.

Groups of elderly participants at selected senior citizens' centers will be shown cancer screening videos and will be surveyed before and after the videos regarding cancer knowledge, attitudes, and self-concept. Six months later the participant will be surveyed by telephone regarding compliance with recommendations. Multivariate techniques will be used to study the relationship between changes in knowledge, attitudes, and self-concept and compliance with recommendations and socio-demographic factors and family and social support measures. The first target condition is breast cancer. During the first year of the pilot second video will be developed targeting prevention of cancer in elderly African-American men.

PROJECT NUMBER.....3 P20 AG12072-03S3

INVESTIGATOR NAME/ADDRESS

CONTRADA, RICHARD

RUTGERS UNIVERSITY

30 COLLEGE AVENUE

NEW BRUNSWICK, NJ 08903

AWARD AMOUNT..... \$9,632

PERFORMING ORGANIZATION: RUTGERS THE STATE UNIV NEW BRUNSWICK

TITLE: PROMOTING HEALTH IN ELDERLY AFRICAN-AMERICANS

SUB TITLE: DOCTOR PATIENT INTERACTION IN OLDER AFRICAN AMERICAN

ABSTRACT:

This project will examine behavioral self regulation in elderly African Americans with essential hypertension. According to the self regulation model of illness representation, adherence to antihypertension therapy depends upon the accuracy of the patients' mental model (interpretation) of essential hypertension, the efficacy of the coping procedures generated by that mental model, the specificity and appropriateness of the criteria against which the patient evaluates coping procedures, and the degree of congruence between the patient's mental representation of hypertension and contextual factors including cultural beliefs regarding illness and treatment, family and work-related roles, the clinic setting, and practitioner-patient interaction. The project has three main goals: (1) Generate descriptive information regarding behavioral self regulation in this population; (2) test hypotheses regarding the role of patients' mental models of essential hypertension in guiding their efforts at behavioral self regulation; (3) design and pilot test and intervention aimed at increasing the accuracy of patient's illness models as a means of optimizing behavioral self regulation of essential hypertension. The first three goals will be addressed in a Descriptive Study that will involve interviewing 120 hypertensive patients prior to and following each of two clinic visits, and tape-recording two interactions between each patient and one of 6 resident physicians. Specific goals of the Descriptive Study are to (a) develop for use in an elderly, African American population a set of instruments to assess patients' mental representations of hypertension and of anti-hypertensive therapy; (b) identify aspects of the practitioner-patient interaction that influence the accuracy of patients' representations of hypertension, the efficacy of procedures patients use to cope with (control) hypertension, and the specificity and appropriateness of the criteria patients use to evaluate coping procedures; (c) identify features of the clinic setting that undermine effective self regulation of hypertension. Data from the Descriptive Study will be used to design an intervention aimed at modifying practitioner behavior, patient behavior, and structural features of the clinic setting so as to improve the accuracy of patients' mental representations and the efficacy of their coping behavior. The intervention will be pilot-tested with the goal of evaluating feasibility of implementation and efficacy with respect to the modification of patient cognition and behavior. The long term goal of this project is to refine the pilot-tested intervention program and implement and evaluate it on a larger scale as a means of understanding and optimizing of medical care, adherence to anti-hypertensive regimens, and modification of diet, alcohol intake, exercise, and other behaviors that contribute to the control of hypertension.

PROJECT NUMBER.....3 P20 AG12072-03S3

INVESTIGATOR NAME/ADDRESS

IDLER, ELLEN

RUTGERS UNIVERSITY

30 COLLEGE AVENUE

NEW BRUNSWICK, NJ 08903

AWARD AMOUNT..... \$9,632

PERFORMING ORGANIZATION: RUTGERS THE STATE UNIV NEW BRUNSWICK

TITLE: PROMOTING HEALTH IN ELDERLY AFRICAN-AMERICANS

SUB TITLE: HEALTH BELIEFS IN ELDERLY AFRICAN AMERICAN

ABSTRACT:

The aim of this study is to describe illness representations and self-perceptions of health in a sample of elderly African-Americans by focusing on their views of disease prevention and health promotion activities. Specific sub-goals include the following: a) To identify the specific features of their representations of health and specific diseases, the self and formal procedural strategies used to preserve health as well as prevent and control disease, and the criteria for evaluating outcomes of health promotive and preventive behavior as represented by self and formal treatment procedures in an elderly, African American sample. b) To determine how representations of health and disease affect the selection of procedures for avoiding and controlling disease; c) To determine how representations of health and disease and procedures for avoiding and controlling disease affect overall self assessments of health; d) To determine how specific beliefs about the self, one's social network and culture, and beliefs about medicine and medical institutions affect the representations of health and disease.

Subjects will be selected from the baseline core sample on the basis their self-reported health status and age. Subjects reporting excellent/very good or poor health, and any subject over age 80 will also be interviewed.

Results of the semi-structured interview will provide a basis for designing two interventions: the first will be designed to encourage participants to take flu inoculations, the second to encourage participation in a dietary supplement trial.

PROJECT NUMBER.....3 P20 AG12072-03S3

INVESTIGATOR NAME/ADDRESS

LEVENTHAL, HOWARD

RUTGERS UNIVERSITY

30 COLLEGE AVENUE

NEW BRUNSWICK, NJ 08903

AWARD AMOUNT..... \$38,528

PERFORMING ORGANIZATION: RUTGERS THE STATE UNIV NEW BRUNSWICK

TITLE: PROMOTING HEALTH IN ELDERLY AFRICAN-AMERICANS

ABSTRACT:

The core project has seven basic functions: 1) To create the conditions for the application and further development of a common, bio-behavioral model for each of the participating research projects; 2) To generate a data base on a sample of 800 elderly African Americans at risk for both infectious illness and major chronic conditions such as diabetes and hypertension and at risk due to failure to obtain flu immunization and poor dietary practices. The data base will be used by specific projects examining particular bio-behavioral processes, e.g., life stressors, social support, dietary practices and immune function, and to develop interventions to modify these risk processes; 3) To guide and participate in the production of brief interventions to promote healthy behaviors and to assist with the development of the various sub-studies to test the efficacy of these interventions; 4) To provide a set of methodological skills ranging from automated data acquisition and data management to data analyses [consultation and assistance in data analysis with SAS, SPSS and LISREL 7] to be used in the acquisition of the data for the core and sub-study samples; 5) To insure the integration of all projects at both theoretical/ substantive and methodological levels; 6) To create an environment suitable for the continuing education of senior (faculty), junior (postdoctoral and graduate student) and beginning (undergraduates) investigators. Core members, project leaders and project team members, will participate in a monthly seminar focused on theoretical and methodological issues arising in specific projects; 7) To attract African American and Hispanic students, both undergraduate and graduate, to careers in research and health services.

PROJECT NUMBER.....3 P20 AG12072-03S3

INVESTIGATOR NAME/ADDRESS

LEVENTHAL, HOWARD

RUTGERS UNIVERSITY

30 COLLEGE AVENUE

NEW BRUNSWICK, NJ 08903

AWARD AMOUNT..... \$9,632

PERFORMING ORGANIZATION: RUTGERS THE STATE UNIV NEW BRUNSWICK

TITLE: PROMOTING HEALTH IN ELDERLY AFRICAN-AMERICANS

SUB TITLE: AUTOMATED DATA ACQUISITION AND DATA MANAGEMENT CORE

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The core project has seven basic functions: 1) To create the conditions for the application and further development of a common, bio-behavioral model for each of the participating research projects; 2) To generate a data base on a sample of 800 elderly African Americans at risk for both infectious illness and major chronic conditions such as diabetes and hypertension and at risk due to failure to obtain flu immunization and poor dietary practices. The data base will be used by specific projects examining particular bio-behavioral processes, e.g., life stressors, social support, dietary practices and immune function, and to develop interventions to modify these risk processes; 3) To guide and participate in the production of brief interventions to promote healthy behaviors and to assist with the development of the various sub-studies to test the efficacy of these interventions; 4) To provide a set of methodological skills ranging from automated data acquisition and data management to data analyses [consultation and assistance in data analysis with SAS, SPSS and LISREL 7] to be used in the acquisition of the data for the core and sub-study samples; 5) To insure the integration of all projects at both theoretical/ substantive and methodological levels; 6) To create an environment suitable for the continuing education of senior (faculty), junior (postdoctoral and graduate student) and beginning (undergraduates) investigators. Core members, project leaders and project team members, will participate in a monthly seminar focused on theoretical and methodological issues arising in specific projects; 7) To attract African American and Hispanic students, both undergraduate and graduate, to careers in research and health services.

PROJECT NUMBER.....3 P20 AG12072-03S3

INVESTIGATOR NAME/ADDRESS

SHERMAN, ADRIA
RUTGERS UNIVERSITY

AWARD AMOUNT..... \$9,632

30 COLLEGE AVENUE
NEW BRUNSWICK, NJ 08903

PERFORMING ORGANIZATION: RUTGERS THE STATE UNIV NEW BRUNSWICK

TITLE: PROMOTING HEALTH IN ELDERLY AFRICAN-AMERICANS

SUB TITLE: DIET, IMMUNITY AND HEALTH IN ELDERLY AFRICAN AMERICAN

ABSTRACT:

The long term objective of this research is to identify the relationship among nutrition, psychological processes, immunity, and health in the elderly African American population. Specific aims of this project are: 1) to assess immunological function (lymphocyte proliferation response and antibody response) in a sample of 180 elderly African Americans; 2) to relate these indicators of immunocompetence to objective biological indicators (anthropomorphic measures, nutritional status, medical examination), and to subjective measures (self-assessed health) of health status; 3) to assess possible antecedent determinants of these factors including: a) nutritional intake, nutritional status reflected in blood measures, and alcohol intake, b) psychological status, such as self-assessed health, feelings of vigor and absence of depression, sense of control of life events and involvement in what are perceived to be meaningful activities of daily life; 4) to characterize and assess the adequacy of dietary intake and nutritional status in this urban African American population; 5) to assess the effects of two biological interventions: a year-long program of dietary supplementation (multi-vitamin & mineral supplement) and an influenza inoculation, on levels of the antioxidant vitamins, iron and zinc in blood; 6) to assess the effects of these year-long interventions on two sets of immune measures, i.e., lymphocyte proliferation and antibody production to influenza inoculation and Keyhole Limpet Hemocyanin, and the relationship of the immune changes to levels of vitamins, iron and zinc in blood; 7) in collaboration with other participating projects, to examine the efficacy of two culturally sensitive interventions on adherence to both biological interventions, i.e., to take flu shots and year-long daily use of nutrient supplements; 8) in collaboration with the core project, to examine the effects of the interventions on health status (mortality & morbidity) over the full 3 years of the project.

PROJECT NUMBER.....5 P50 AG11719-05

INVESTIGATOR NAME/ADDRESS

FIATARONE, MARIA A

HEBREW REHAB CTR FOR AGED

1200 CENTRE STREET

BOSTON, MA 02131-1097

AWARD AMOUNT..... \$255,148

PERFORMING ORGANIZATION: HEBREW REHABILITATION CENTER FOR AGED

TITLE: CENTER OF RESEARCH ON APPLIED GERONTOLOGY

SUB TITLE: BEHAVIORAL STRATEGIES TO ENHANCE EXERCISE ADOPTION

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

We propose to establish a Center of Research on Applied Gerontology within the HRCA Research and Training Institute, part of the Hebrew Rehabilitation Center for Aged (a Harvard affiliate), for the purpose of translating basic social and organizational research theories and findings into practical outcomes to benefit the lives of older people. Studies proposed will focus on strategies to improve quality of life, functional performance outcomes, enhance productivity, and minimize the need for care, with emphasis placed on organizational and psycho-social approaches.

A convincing case can be made that nursing homes face tremendous difficulties in trying to achieve the functional independence objective specified under a HCFA mandate. Factors that play a role in governing how homes currently behave are: 1) Facilities need to ensure that residents facility adapt to their environment; 2) Professional guidelines on appropriateness of rehabilitative services for long-stay residents are little understood; 3) Families and residents have only begun to become active participants in the assessment and care planning process; 4) Families tend to be uninformed on expected rates of decline and improvement following admission; 5) Staff may try to expedite the transition by making it easy for families to relinquish responsibility; 6) Physician attentiveness is often lacking and compensatory skills of other professionals may be deficient; and 7) Establishment of rehab goals and programs is rare.

Based on these concerns, we propose to carry out two related studies. Each study intervention represents a systems approach to changing caregiving behaviors and attitudes in the nursing home setting, and will draw on a common understanding of the steps necessary to introduce these significant rehabilitative-based interventions in nursing homes and of a sharing of data collection and other resources. Each study will have the following common features: 1) The facility will openly acknowledge restructuring their approach to rehabilitative care; it will become a central tenet in the day-to-day life of the facility. 2) Direct care staff at all levels will be properly trained; 3) Explicit written guidelines will be promulgated, disseminated, and reinforced. 4) Specific residents will be targeted for participation in the program. 5) Resident care plans will specifically acknowledge this participation. 6) The facility will establish an operational institutional program to support the intervention. 7) Confounding health and motivational problems that preclude or hinder resident participation will be addressed. 8) As confounding problems are lessened, staff will make regular efforts to enroll residents in the program. 9) As residents improve, it will be interpreted as a sign to seek new ways to maintain and build on this improvement.

The Management Core will monitor both projects specified under this program directive, coordinate data collection and provide technical support and guidance to the individual projects, and recommend applications that may arise from these projects.

PROJECT NUMBER.....5 P50 AG11719-05

INVESTIGATOR NAME/ADDRESS

MORRIS, JOHN N

HEBREW REHAB CTR FOR AGED

1200 CENTRE STREET

BOSTON, MA 02131-1097

AWARD AMOUNT..... \$510,296

PERFORMING ORGANIZATION: HEBREW REHABILITATION CENTER FOR AGED

TITLE: CENTER OF RESEARCH ON APPLIED GERONTOLOGY

ABSTRACT:

We propose to establish a Center of Research on Applied Gerontology within the HRCA Research and Training Institute, part of the Hebrew Rehabilitation Center for Aged (a Harvard affiliate), for the purpose of translating basic social and organizational research theories and findings into practical outcomes to benefit the lives of older people. Studies proposed will focus on strategies to improve quality of life, functional performance outcomes, enhance productivity, and minimize the need for care, with emphasis placed on organizational and psycho-social approaches. A convincing case can be made that nursing homes face tremendous difficulties in trying to achieve the functional independence objective specified under a HCFA mandate. Factors that play a role in governing how homes currently behave are: 1) Facilities need to ensure that residents facility adapt to their environment; 2) Professional guidelines on appropriateness of rehabilitative services for long-stay residents are little understood; 3) Families and residents have only begun to become active participants in the assessment and care planning process; 4) Families tend to be uninformed on expected rates of decline and improvement following admission; 5) Staff may try to expedite the transition by making it easy for families to relinquish responsibility; 6) Physician attentiveness is often lacking and compensatory skills of other professionals may be deficient; and 7) Establishment of rehab goals and programs is rare.

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The Management Core will monitor both projects specified under this program directive, coordinate data collection and provide technical support and guidance to the individual projects, and recommend applications that may arise from these projects.

PROJECT NUMBER.....5 P50 AG11719-05

INVESTIGATOR NAME/ADDRESS

MORRIS, JOHN N

HEBREW REHAB CTR FOR AGED

1200 CENTRE STREET

BOSTON, MA 02131-1097

AWARD AMOUNT..... \$255,148

PERFORMING ORGANIZATION: HEBREW REHABILITATION CENTER FOR AGED

TITLE: CENTER OF RESEARCH ON APPLIED GERONTOLOGY

SUB TITLE: A SYSTEMS APPROACH TO NURSING-BASED REHABILITATION IN NURSING HOMES

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

We propose to establish a Center of Research on Applied Gerontology within the HRCA Research and Training Institute, part of the Hebrew Rehabilitation Center for Aged (a Harvard affiliate), for the purpose of translating basic social and organizational research theories and findings into practical outcomes to benefit the lives of older people. Studies proposed will focus on strategies to improve quality of life, functional performance outcomes, enhance productivity, and minimize the need for care, with emphasis placed on organizational and psycho-social approaches.

A convincing case can be made that nursing homes face tremendous difficulties in trying to achieve the functional independence objective specified under a HCFA mandate. Factors that play a role in governing how homes currently behave are: 1) Facilities need to ensure that residents facility adapt to their environment; 2) Professional guidelines on appropriateness of rehabilitative services for long-stay residents are little understood; 3) Families and residents have only begun to become active participants in the assessment and care planning process; 4) Families tend to be uninformed on expected rates of decline and improvement following admission; 5) Staff may try to expedite the transition by making it easy for families to relinquish responsibility; 6) Physician attentiveness is often lacking and compensatory skills of other professionals may be deficient; and 7) Establishment of rehab goals and programs is rare.

Based on these concerns, we propose to carry out two related studies. Each study intervention represents a systems approach to changing caregiving behaviors and attitudes in the nursing home setting, and will draw on a common understanding of the steps necessary to introduce these significant rehabilitative-based interventions in nursing homes and of a sharing of data collection and other resources. Each study will have the following common features: 1) The facility will openly acknowledge restructuring their approach to rehabilitative care; it will become a central tenet in the day-to-day life of the facility. 2) Direct care staff at all levels will be properly trained; 3) Explicit written guidelines will be promulgated, disseminated, and reinforced. 4) Specific residents will be targeted for participation in the program. 5) Resident care plans will specifically acknowledge this participation. 6) The facility will establish an operational institutional program to support the intervention. 7) Confounding health and motivational problems that preclude or hinder resident participation will be addressed. 8) As confounding problems are lessened, staff will make regular efforts to enroll residents in the program. 9) As residents improve, it will be interpreted as a sign to seek new ways to maintain and build on this improvement.

The Management Core will monitor both projects specified under this program directive, coordinate data collection and provide technical support and guidance to the individual projects, and recommend applications that may arise from these projects.

PROJECT NUMBER.....5 P20 AG13095-04

INVESTIGATOR NAME/ADDRESS

GANZ, PATRICIA A
UNIVERSITY OF CALIFORNIA
1100 GLENDON AVE, STE 711
LOS ANGELES, CA 90024-3511

AWARD AMOUNT..... \$256,332

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA LOS ANGELES
TITLE: BREAST CANCER PREVENTION AND CONTROL IN OLDER WOMEN

ABSTRACT:

The Jonsson Comprehensive Cancer Center at UCLA has an established breast cancer research program that was the recipient of a planning grant for a Specialized Project of Research Excellence (SPORE) in Breast Cancer. In addition, the UCLA community is fortunate to have a well established, nationally preeminent program in geriatrics and gerontology. However, neither of these existing programs has an identified focus on breast cancer in older women. This planning grant will facilitate interactions between investigators in these outstanding programs and it will provide a unique opportunity to expand research efforts related to breast cancer in older women. The planing program will draw on the special strengths of these two research communities at UCLA by emphasizing breast cancer prevention and control in older women.

The resources of this planning grant will be used to identify and recruit new member faculty to the Johnson Comprehensive Cancer Center with a research interest in breast cancer prevention and control in older women; to sponsor an annual retreat and monthly colloquia to enhance collaboration and expand research opportunities for investigators in the new program; to sponsor funding of seed grants for the development of preliminary research data; to assist investigators in the development of larger projects that will merit funding from the NIH or similar agencies; and finally to achieve full recognition as a new program area within the Cancer Center by the final year of planning grant. The Principal Investigator and Co-Investigators will be assisted in these efforts by an internal Steering Committee (representing geriatrics and the Cancer Center membership), as well as a distinguished external advisory committee.

PROJECT NUMBER.....3 P20 AG12057-03S2

INVESTIGATOR NAME/ADDRESS

GOOD, BYRON

HARVARD MEDICAL SCHOOL

641 HUNTINGTON AVENUE

BOSTON, MA 02115

AWARD AMOUNT..... \$47,730

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: HEALTH PROMOTION FOR DEMENTED ETHNIC MINORITY ELDERS

SUB TITLE: CARE-SEEKING STRATEGIES IN FAMILIES OF ETHNIC DEMENTIA-AFFECTED ELDERLY

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal of this Exploratory Center on Health Promotion in Ethnic Minority Populations is to improve the health of ethnic elders with dementia and their caregivers through a complementary set of research, intervention, educational, and outreach activities. The Center addresses the urgent need to understand how ethnic minorities and their caregivers experience and cope with this serious and debilitating illness in order to develop effective interventions. The center will focus its activities on three of the most populous ethnic minority groups in the Boston area: African-Americans, Chinese, and Puerto Ricans.

The research core will involve the development of small scale pilot studies to understand how cultural factors influence (1) elders' recognition and response to symptoms of dementing disorders; (2) caregivers' response and coping; and (3) assessment and response by the health care community. The pilot studies rely on two different types of research approaches: quantitative studies and qualitative/ethnographic studies in order to generate hypotheses and methodological refinements for analyzing these issues in large scale prospective studies.

The intervention core proposes to adapt three existing interventions which have already been validated and to test their efficacy in pilot studies among ethnic minority populations. The interventions are designed to reduce excess disability among elders with dementia and to enhance the coping capabilities of their caregivers.

The educational core seeks to address the need for culturally appropriate education and training related to dementia. Specific activities will include the provision of education and outreach to staff of health and social agencies, the public, state legislators, academic faculty, and medical students.

PROJECT NUMBER.....3 P20 AG12057-03S2

INVESTIGATOR NAME/ADDRESS

GOOD, BYRON

HARVARD MEDICAL SCHOOL

641 HUNTINGTON AVENUE

BOSTON, MA 02115

AWARD AMOUNT..... \$47,730

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: HEALTH PROMOTION FOR DEMENTED ETHNIC MINORITY ELDERLY

SUB TITLE: LONGITUDINAL ETHNOGRAPHIC STUDY OF NON-INSTITUTIONAL ELDERLY

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal of this Exploratory Center on Health Promotion in Ethnic Minority Populations is to improve the health of ethnic elders with dementia and their caregivers through a complementary set of research, intervention, educational, and outreach activities. The Center addresses the urgent need to understand how ethnic minorities and their caregivers experience and cope with this serious and debilitating illness in order to develop effective interventions. The center will focus its activities on three of the most populous ethnic minority groups in the Boston area: African-Americans, Chinese, and Puerto Ricans.

The research core will involve the development of small scale pilot studies to understand how cultural factors influence (1) elders' recognition and response to symptoms of dementing disorders; (2) caregivers' response and coping; and (3) assessment and response by the health care community. The pilot studies rely on two different types of research approaches: quantitative studies and qualitative/ethnographic studies in order to generate hypotheses and methodological refinements for analyzing these issues in large scale prospective studies.

The intervention core proposes to adapt three existing interventions which have already been validated and to test their efficacy in pilot studies among ethnic minority populations. The interventions are designed to reduce excess disability among elders with dementia and to enhance the coping capabilities of their caregivers.

The educational core seeks to address the need for culturally appropriate education and training related to dementia. Specific activities will include the provision of education and outreach to staff of health and social agencies, the public, state legislators, academic faculty, and medical students.

PROJECT NUMBER.....3 P20 AG12057-03S2

INVESTIGATOR NAME/ADDRESS

GOOD, BYRON

HARVARD MEDICAL SCHOOL

641 HUNTINGTON AVENUE

BOSTON, MA 02115

AWARD AMOUNT..... \$47,730

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: HEALTH PROMOTION FOR DEMENTED ETHNIC MINORITY ELDERLY

SUB TITLE: DIAGNOSIS, ASSESSMENT AND MANAGEMENT OF DEMENTIA IN ETHNIC MINORITY ELDERLY

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal of this Exploratory Center on Health Promotion in Ethnic Minority Populations is to improve the health of ethnic elders with dementia and their caregivers through a complementary set of research, intervention, educational, and outreach activities. The Center addresses the urgent need to understand how ethnic minorities and their caregivers experience and cope with this serious and debilitating illness in order to develop effective interventions. The center will focus its activities on three of the most populous ethnic minority groups in the Boston area: African-Americans, Chinese, and Puerto Ricans.

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The intervention core proposes to adapt three existing interventions which have already been validated and to test their efficacy in pilot studies among ethnic minority populations. The interventions are designed to reduce excess disability among elders with dementia and to enhance the coping capabilities of their caregivers.

The educational core seeks to address the need for culturally appropriate education and training related to dementia. Specific activities will include the provision of education and outreach to staff of health and social agencies, the public, state legislators, academic faculty, and medical students.

PROJECT NUMBER.....3 P20 AG12057-03S2

INVESTIGATOR NAME/ADDRESS

LEVKOFF, SUE

HARVARD MEDICAL SCHOOL

641 HUNTINGTON AVENUE

BOSTON, MA 02115

AWARD AMOUNT..... \$47,730

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: HEALTH PROMOTION FOR DEMENTED ETHNIC MINORITY ELDERLY

SUB TITLE: DISTURBANCES IN DEMENTED ETHNIC MINORITY ELDERLY AND IMPACT ON CAREGIVERS

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal of this Exploratory Center on Health Promotion in Ethnic Minority Populations is to improve the health of ethnic elders with dementia and their caregivers through a complementary set of research, intervention, educational, and outreach activities. The Center addresses the urgent need to understand how ethnic minorities and their caregivers experience and cope with this serious and debilitating illness in order to develop effective interventions. The center will focus its activities on three of the most populous ethnic minority groups in the Boston area: African-Americans, Chinese, and Puerto Ricans.

The research core will involve the development of small scale pilot studies to understand how cultural factors influence (1) elders' recognition and response to symptoms of dementing disorders; (2) caregivers' response and coping; and (3) assessment and response by the health care community. The pilot studies rely on two different types of research approaches: quantitative studies and qualitative/ethnographic studies in order to generate hypotheses and methodological refinements for analyzing these issues in large scale prospective studies.

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PROJECT NUMBER.....3 P20 AG12057-03S2

INVESTIGATOR NAME/ADDRESS

LEVKOFF, SUE E

HARVARD MEDICAL SCHOOL

641 HUNTINGTON AVENUE

BOSTON, MA 02115

AWARD AMOUNT..... \$477,303

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: HEALTH PROMOTION FOR DEMENTED ETHNIC MINORITY ELDERS

ABSTRACT:

The overall goal of this Exploratory Center on Health Promotion in Ethnic Minority Populations is to improve the health of ethnic elders with dementia and their caregivers through a complementary set of research, intervention, educational, and outreach activities. The Center addresses the urgent need to understand how ethnic minorities and their caregivers experience and cope with this serious and debilitating illness in order to develop effective interventions. The center will focus its activities on three of the most populous ethnic minority groups in the Boston area: African-Americans, Chinese, and Puerto Ricans.

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The educational core seeks to address the need for culturally appropriate education and training related to dementia. Specific activities will include the provision of education and outreach to staff of health and social agencies, the public, state legislators, academic faculty, and medical students.

PROJECT NUMBER.....3 P20 AG12057-03S2

INVESTIGATOR NAME/ADDRESS

LEVKOFF, SUE E

HARVARD MEDICAL SCHOOL

641 HUNTINGTON AVENUE

BOSTON, MA 02115

AWARD AMOUNT..... \$47,730

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: HEALTH PROMOTION FOR DEMENTED ETHNIC MINORITY ELDERS

SUB TITLE: FAMILY BASED IN-HOME PSYCHO-EDUCATIONAL AND BEHAVIORAL
MANAGEMENT

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal of this Exploratory Center on Health Promotion in Ethnic Minority Populations is to improve the health of ethnic elders with dementia and their caregivers through a complementary set of research, intervention, educational, and outreach activities. The Center addresses the urgent need to understand how ethnic minorities and their caregivers experience and cope with this serious and debilitating illness in order to develop effective interventions. The center will focus its activities on three of the most populous ethnic minority groups in the Boston area: African-Americans, Chinese, and Puerto Ricans.

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PROJECT NUMBER.....3 P20 AG12057-03S2

INVESTIGATOR NAME/ADDRESS

RAIA, PAUL

HARVARD MEDICAL SCHOOL

641 HUNTINGTON AVENUE

BOSTON, MA 02115

AWARD AMOUNT..... \$47,730

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: HEALTH PROMOTION FOR DEMENTED ETHNIC MINORITY ELDERS

SUB TITLE: EDUCATION AND OUTREACH CORE

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal of this Exploratory Center on Health Promotion in Ethnic Minority Populations is to improve the health of ethnic elders with dementia and their caregivers through a complementary set of research, intervention, educational, and outreach activities. The Center addresses the urgent need to understand how ethnic minorities and their caregivers experience and cope with this serious and debilitating illness in order to develop effective interventions. The center will focus its activities on three of the most populous ethnic minority groups in the Boston area: African-Americans, Chinese, and Puerto Ricans.

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PROJECT NUMBER.....3 P20 AG12057-03S2

INVESTIGATOR NAME/ADDRESS

YEE, DONNA

HARVARD MEDICAL SCHOOL

641 HUNTINGTON AVENUE

BOSTON, MA 02115

AWARD AMOUNT..... \$47,730

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: HEALTH PROMOTION FOR DEMENTED ETHNIC MINORITY ELDER

SUB TITLE: HEALTH PROVIDER RESPONSES TO DIVERSE GROUPS OF ELDER WITH DEMENTIA

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal of this Exploratory Center on Health Promotion in Ethnic Minority Populations is to improve the health of ethnic elders with dementia and their caregivers through a complementary set of research, intervention, educational, and outreach activities. The Center addresses the urgent need to understand how ethnic minorities and their caregivers experience and cope with this serious and debilitating illness in order to develop effective interventions. The center will focus its activities on three of the most populous ethnic minority groups in the Boston area: African-Americans, Chinese, and Puerto Ricans.

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The intervention core proposes to adapt three existing interventions which have already been validated and to test their efficacy in pilot studies among ethnic minority populations. The interventions are designed to reduce excess disability among elders with dementia and to enhance the coping capabilities of their caregivers.

The educational core seeks to address the need for culturally appropriate education and training related to dementia. Specific activities will include the provision of education and outreach to staff of health and social agencies, the public, state legislators, academic faculty, and medical students.

PROJECT NUMBER.....3 P20 AG12057-03S2

INVESTIGATOR NAME/ADDRESS

YEE, DONNA

HARVARD MEDICAL SCHOOL

641 HUNTINGTON AVENUE

BOSTON, MA 02115

AWARD AMOUNT..... \$47,730

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: HEALTH PROMOTION FOR DEMENTED ETHNIC MINORITY ELDERS

SUB TITLE: DEMENTIA SUPPORT GROUP

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal of this Exploratory Center on Health Promotion in Ethnic Minority Populations is to improve the health of ethnic elders with dementia and their caregivers through a complementary set of research, intervention, educational, and outreach activities. The Center addresses the urgent need to understand how ethnic minorities and their caregivers experience and cope with this serious and debilitating illness in order to develop effective interventions. The center will focus its activities on three of the most populous ethnic minority groups in the Boston area: African-Americans, Chinese, and Puerto Ricans.

The research core will involve the development of small scale pilot studies to understand how cultural factors influence (1) elders' recognition and response to symptoms of dementing disorders; (2) caregivers' response and coping; and (3) assessment and response by the health care community. The pilot studies rely on two different types of research approaches: quantitative studies and qualitative/ethnographic studies in order to generate hypotheses and methodological refinements for analyzing these issues in large scale prospective studies.

The intervention core proposes to adapt three existing interventions which have already been validated and to test their efficacy in pilot studies among ethnic minority populations. The interventions are designed to reduce excess disability among elders with dementia and to enhance the coping capabilities of their caregivers.

The educational core seeks to address the need for culturally appropriate education and training related to dementia. Specific activities will include the provision of education and outreach to staff of health and social agencies, the public, state legislators, academic faculty, and medical students.

PROJECT NUMBER.....3 P20 AG12044-03S1

INVESTIGATOR NAME/ADDRESS

HAZUDA, HELEN

UNIV OF TEXAS HLTH SCI CTR

7703 FLOYD CURL DRIVE

SAN ANTONIO, TEXAS 78284

AWARD AMOUNT..... \$79,000

PERFORMING ORGANIZATION: UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT

TITLE: HISPANIC HEALTHY AGING CENTER

SUB TITLE: RESOURCE CORE

ABSTRACT:

The Resource Core (ARC) of the proposed exploratory Hispanic Healthy Aging Center (HHAC) is organized to achieve two primary goals: 1) providing support for the HHAC research program, and 2) ensuring that the HHAC develops into a full center for health promotion in Hispanic elders. Consistent with the theme of the exploratory HHAC, the organizational structure of the ARC is based on the premise that the fully developed HHAC will: a) focus on interventions that promote functional independence in Mexican American elders; b) include a comprehensive evaluation component to assess culturally-appropriate outcomes and intervention strategies as well as dissemination, health education, and community outreach components; and c) incorporate an integrated program of research and dissemination involving a talented multidisciplinary team of Hispanic and non-Hispanic investigators dedicated to improving the health of Hispanic elders.

Specific aims of the ARC are to: 1) Unify the HHAC by providing an integrated, team approach to defining goals and sharing resources; 2) Provide back-up resources for the recruitment and data collection activities of all HHAC studies; 3) Provide data management and analysis resources for all HHAC studies; 4) Provide a broad, multidisciplinary perspective for conceptualizing, developing and evaluating culturally appropriate intervention strategies and outcome measures; 5) Establish and coordinate internal and external evaluation procedures, including input from a local Advocacy Committee; and 6) Solidify liaisons with the extensive network of health education and community outreach programs already in place at the University of Texas Health Science Center at San Antonio (UTHSC-SA) and its allied programs.

To achieve these aims, the ARC incorporates a dynamic, multidimensional core structure that has at its center an Administrative Nucleus and Leadership Component complemented by four specialized resource components supporting all HHAC studies: Recruitment and Data Collection; Data Management and Biostatistics; Cross-Cultural Assessment; and Evaluation and Dissemination. The Leadership Component will be comprised of the HHAC Co-Directors, Directors of the resource components, and Principal Investigators for the HHAC's small scale projects. Its primary function, guided by the HHAC Co-Directors, will be to unify the HHAC by providing a consistent, integrated team approach to defining goals and sharing resources. The success of ARC activities will be further assured by the tangible institutional and community support documented in the proposal for the HHAC's unique focus on health promotion in Mexican American elders.

PROJECT NUMBER.....3 P20 AG12044-03S1

INVESTIGATOR NAME/ADDRESS

HAZUDA, HELEN P

UNIV OF TEXAS HLTH SCI CTR

7703 FLOYD CURL DRIVE

SAN ANTONIO, TEXAS 78284

AWARD AMOUNT..... \$394,999

PERFORMING ORGANIZATION: UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT
TITLE: HISPANIC HEALTHY AGING CENTER

ABSTRACT:

An Exploratory Center on Health Promotion in Older Minority Populations targeted toward Mexicans will be established: the "Hispanic Healthy Aging Center" (HHAC). Its theme will be "Promotion of Healthy Aging Through and Understanding of the Evolution of Function and Its Modifiable Determinants".

Hispanics are the second largest ethnic minority group in the U.S.; Hispanic elderly, comprised of 54% Mexican Americans, are the most rapidly growing segment of the total U.S. elderly population. Mexican American elders appear to have high rates of disability and impaired function relative to non-Hispanic whites. An important goal of Healthy People 2000, particularly targeted toward Hispanics, is to prolong "active life expectancy". The HHAC theme has been operationalized into a model that focuses on information needed to design effective and feasible interventions to promote and prolong independence in Mexican American elders. The model includes of three factors: 1) the evolution of function across stages of independence, subclinical disability, and disability; 2) medical comorbidity and other major determinants-- cognitive, physical, social and affective--of the evolution of function likely to be appropriate targets for health promotion interventions; and 3) relatively fixed elements in the context of daily living -- age, gender, socioeconomic status, and assimilation--that are not themselves targets for intervention, but rather determine the types of interventions that are acceptable and appropriate for different groups of elders. Using the model, four small projects have been developed to create a diverse, comprehensive and well-integrated plan of research focused on HHAC's theme. Each project is directed toward the future development and evaluation of culturally-appropriate health promotion interventions that will serve as the focus of community education and outreach programs for elderly Mexican Americans as the HHAC evolves into a full center.

The HHAC is organized around a dynamic, multidimensional core structure based on a teaming-approach to leadership. The Administrative and Resource Core (ARC) includes an Administrative Nucleus and Leadership component led by HHAC Co-Directors, Drs. Hazuda and Mulrow, a synergistic pair of researchers with collaborative track records and respected scientific productivity. Four ARC specialized resource components will serve all HHAC studies: Recruitment and Data Collection, Data Management and Biostatistics, Cross-Cultural Assessment, and Evaluation and Dissemination. The HHAC will be an integral part of a resource rich environment with a strong track record of commitment to Hispanic and aging-related research and education. As such, the HHAC is assured a very high probability of success evolving into a full center for the promotion of healthy aging in elderly Hispanics.

PROJECT NUMBER.....3 P20 AG12044-03S1

INVESTIGATOR NAME/ADDRESS

LAWRENCE, VALERIE A

UNIV OF TEXAS HLTH SCI CTR

7703 FLOYD CURL DRIVE

SAN ANTONIO, TEXAS 78284

AWARD AMOUNT..... \$79,000

PERFORMING ORGANIZATION: UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT

TITLE: HISPANIC HEALTHY AGING CENTER

SUB TITLE: RECOVERY AFTER MAJOR SURGERY IN MEXICAN-AMERICAN ELDERS

ABSTRACT:

The proposed research will use major elective abdominal surgery as a model for catastrophic health events to study the natural history of postoperative long-term functional recovery in a cohort of Mexican American elders. Several factors make major elective abdominal surgery a particularly rich model for catastrophic health events: it is frequently performed; it provides controlled access to what is usually an acute, unpredictable event; there is usually little related presurgical symptomatic chronic illness (eg, elective repair of abdominal aortic aneurysm); and it invokes multidimensional disruption of functional independence.

Previous studies do not answer questions regarding determinants of functional recovery in the elderly after major abdominal surgery for two primary reasons: (1) they examine only coronary artery bypass operations or lower risk operations done for specific physical impairment (eg, hip fracture repair, hip replacement, cataract surgery) and (2) do not approach the issue with an integrated biomedical psychosocial model of independence. Specific aims are to (1) describe the impact of major abdominal surgery on functional independence in a cohort of Mexican American elders, (2) map the natural history of functional recovery, and (3) identify important modifiable determinants for long-term postoperative functional outcome. Long-term objectives are development of interventions to enhance functional recovery, prevent disability, and prolong independence in Mexican American elders. The primary hypothesis is that poorer preoperative functional status for five primary modifiable determinants of independence (physical, cognitive, social, affective and medical comorbid status) is associated with worse functional recovery.

Subjects who are greater and or equal to 65, scheduled for major elective abdominal operations, and without major debilitating illness likely to drive functional recovery will be recruited from both academic and community sites. Subjects will undergo an extensive battery of instruments to assess functional independence for the five primary modifiable determinants of functional independence preoperatively and postoperatively at five days, one, three, and six months.

Multivariable analysis will be used to evaluate the relationship between preoperative status for five primary modifiable determinants and postoperative functional independence, defined by Activities of Daily Living and Instrumental Activities of Daily Living.

Results will substantially expand knowledge about predictors of functional recovery after major abdominal surgery in the elderly, will have unique significance for Mexican American elders, and should provide insights for other types of surgery and catastrophic health events. Additionally, the results will help target potential interventions to prevent disability and enhance functional recovery.

PROJECT NUMBER.....3 P20 AG12044-03S1

INVESTIGATOR NAME/ADDRESS

WILLIAMS, JOHN W

UNIV OF TEXAS HLTH SCI CTR

7703 FLOYD CURL DRIVE

SAN ANTONIO, TEXAS 78284

AWARD AMOUNT..... \$79,000

PERFORMING ORGANIZATION: UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANT

TITLE: HISPANIC HEALTHY AGING CENTER

SUB TITLE: DEPRESSION IN MEXICAN AMERICAN ELDERS

ABSTRACT:

Depressive disorders are highly prevalent in Mexican American (MA) elders and in cross-sectional studies are associated with significant morbidity, disability and risk of institutionalization. Despite the significance of these disorders in MA elders longitudinal data on their natural history, prognostic factors, and associated health outcomes are lacking. This proposal will extend the scope of an on-going project examining case-finding strategies for depressive disorders in the primary care setting to include vital longitudinal follow-up information. The primary short-term objectives of the proposed investigation are to: 1) delineate the one-year natural history and predictors of remission from depressive disorders in Mexican American elders and 2) to examine the relationship between affective function and disability. Secondary objectives are to: 1) describe the utilization patterns of traditional and alternative medical therapies by MA elders with depression, and 2) pilot a questionnaire that examines MA elders' health beliefs about depressive disorders. Our long-term goal is to help MA elders maintain functional independence by developing effective treatments for depression that may be delivered in the primary care setting.

Mexican American elders exceeding threshold on the Geriatric Depression Screen who are without major psychiatric comorbidity will be entered into a 12 month natural history study. Criterion standard diagnosis will be established independently, and a comprehensive battery of medical comorbidity, physical, social, and cognitive functioning measures will be examined to identify key determinants of the course of depression in this growing minority. The complete battery of measures will be assessed in face-to-face interviews at enrollment, 6 and 12 months. To more fully describe the course of depressive disorders, affective function will be assessed by telephone interview at 6 week intervals.

Primary data analysis will use descriptive graphs and Kaplan-Meier estimates to describe the course of depression. Stochastic models which describe the probability of transitions from one state to another, will be used to more fully describe the pattern of remissions and relapses. Multivariable techniques will be used to examine the predictors of remission from depression or progression to Major Depressive Disorder.

Finally, a pilot questionnaire designed to discriminate differing knowledge, beliefs, and attitudes about depression will be developed and pre-tested for comprehensibility, language, and cultural appropriateness. Results from this study will provide essential knowledge about depressive disorders in MA elders that may lead to the development of culturally appropriate and feasible interventions.

PROJECT NUMBER.....5 P50 AG11669-05

INVESTIGATOR NAME/ADDRESS

HOWLAND, JONATHAN

BOSTON UNIVERSITY

AWARD AMOUNT..... \$148,325

635 COMMONWEALTH AVE

BOSTON, MA 02215

PERFORMING ORGANIZATION: BOSTON UNIVERSITY

TITLE: RESEARCH CENTER ON APPLIED GERONTOLOGY

SUB TITLE: CHANGING ATTITUDES AND SELF-CONCEPTIONS TO REDUCE FEAR OF FALLING

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal and theme of NERI's proposed Center of Research on Applied Gerontology is the promotion of physical activity to enhance the functioning of disabled older persons. NERI's Center will address this theme through the application of theoretically grounded cognitive/behavioral interventions aimed at helping disabled older persons increase activity levels within daily life. We hypothesize that enhanced levels of activity among disabled older persons will break the downward cycle of disablement by interrupting or retarding the progression of disability and thereby improve their overall functioning. We have chosen to test our major hypotheses in two important high risk groups of older persons: the sedentary disabled older person and the elderly who are afraid of falling.

The proposed theme for NERI's Center derives from our understanding that disability is not an inherent part of the aging process, solely determined by biological losses or restrictions, but rather, that it is influenced by many factors (physical, cognitive, and social), some of which are amenable to change. Our philosophical point of departure is the belief that the cycle of disablement is a long-term, dynamic process that can fluctuate in severity and extent throughout the life course. Within this paradigm, prevention of disability' emphasizes efforts aimed at ameliorating the secondary impairments and functional limitations that can develop after the onset of acute or chronic injury or disease. Disability preventive interventions that emerge from this new paradigm need to be designed for use throughout the remaining life course to enhance the overall functioning of the older person.

Our primary target group is the community-dwelling, disabled older person. Our strategy for identifying, recruiting, and enrolling this difficult to reach target group is to collaborate with an existing community-wide social service network operating within the Commonwealth of Massachusetts, the Home Care Corporation network. Project I will modify Lachman's cognitive restructuring intervention approach for the disabled, older population. Two intervention trials will be conducted with two special needs subgroups within the disabled older population. Project 2 focuses on sedentary, older persons who have not incorporated exercise into their normal lifestyle. Project 3 targets disabled older persons who have restricted their activity levels because of fear of falling. Future efforts of the Center will apply these interventions to other disabled subgroups of the population.

PROJECT NUMBER.....5 P50 AG11669-05

INVESTIGATOR NAME/ADDRESS

JETTE, ALAN M

BOSTON UNIVERSITY

AWARD AMOUNT..... \$444,976

635 COMMONWEALTH AVE

BOSTON, MA 02215

PERFORMING ORGANIZATION: BOSTON UNIVERSITY

TITLE: RESEARCH CENTER ON APPLIED GERONTOLOGY

ABSTRACT:

The overall goal and theme of NERI's proposed Center of Research on Applied Gerontology is the promotion of physical activity to enhance the functioning of disabled older persons. NERI's Center will address this theme through the application of theoretically grounded cognitive/behavioral interventions aimed at helping disabled older persons increase activity levels within daily life. We hypothesize that enhanced levels of activity among disabled older persons will break the downward cycle of disablement by interrupting or retarding the progression of disability and thereby improve their overall functioning. We have chosen to test our major hypotheses in two important high risk groups of older persons: the sedentary disabled older person and the elderly who are afraid of falling.

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PROJECT NUMBER.....5 P50 AG11669-05

INVESTIGATOR NAME/ADDRESS

JETTE, ALAN M

BOSTON UNIVERSITY

635 COMMONWEALTH AVE

BOSTON, MA 02215

AWARD AMOUNT..... \$148,325

PERFORMING ORGANIZATION: BOSTON UNIVERSITY

TITLE: RESEARCH CENTER ON APPLIED GERONTOLOGY

SUB TITLE: EXERCISE AND SELF-CONCEPTIONS TRAINING TO PROMOTE ACTIVITY
AND REDUCE DISABILITY

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal and theme of NERI's proposed Center of Research on Applied Gerontology is the promotion of physical activity to enhance the functioning of disabled older persons. NERI's Center will address this theme through the application of theoretically grounded cognitive/behavioral interventions aimed at helping disabled older persons increase activity levels within daily life. We hypothesize that enhanced levels of activity among disabled older persons will break the downward cycle of disablement by interrupting or retarding the progression of disability and thereby improve their overall functioning. We have chosen to test our major hypotheses in two important high risk groups of older persons: the sedentary disabled older person and the elderly who are afraid of falling.

The proposed theme for NERI's Center derives from our understanding that disability is not an inherent part of the aging process, solely determined by biological losses or restrictions, but rather, that it is influenced by many factors (physical, cognitive, and social), some of which are amenable to change. Our philosophical point of departure is the belief that the cycle of disablement is a long-term, dynamic process that can fluctuate in severity and extent throughout the life course. Within this paradigm, prevention of disability' emphasizes efforts aimed at ameliorating the secondary impairments and functional limitations that can develop after the onset of acute or chronic injury or disease. Disability preventive interventions that emerge from this new paradigm need to be designed for use throughout the remaining life course to enhance the overall functioning of the older person.

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PROJECT NUMBER.....5 P50 AG11669-05

INVESTIGATOR NAME/ADDRESS

LACHMAN, MARGIE E

BOSTON UNIVERSITY

AWARD AMOUNT..... \$148,325

635 COMMONWEALTH AVE

BOSTON, MA 02215

PERFORMING ORGANIZATION: BOSTON UNIVERSITY

TITLE: RESEARCH CENTER ON APPLIED GERONTOLOGY

SUB TITLE: STRATEGIES TO PROMOTE ADAPTIVE SELF-CONCEPTIONS FOR ENHANCED PHYSICAL ACTIVITY

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The overall goal and theme of NERI's proposed Center of Research on Applied Gerontology is the promotion of physical activity to enhance the functioning of disabled older persons. NERI's Center will address this theme through the application of theoretically grounded cognitive/behavioral interventions aimed at helping disabled older persons increase activity levels within daily life. We hypothesize that enhanced levels of activity among disabled older persons will break the downward cycle of disablement by interrupting or retarding the progression of disability and thereby improve their overall functioning. We have chosen to test our major hypotheses in two important high risk groups of older persons: the sedentary disabled older person and the elderly who are afraid of falling.

The proposed theme for NERI's Center derives from our understanding that disability is not an inherent part of the aging process, solely determined by biological losses or restrictions, but rather, that it is influenced by many factors (physical, cognitive, and social), some of which are amenable to change. Our philosophical point of departure is the belief that the cycle of disablement is a long-term, dynamic process that can fluctuate in severity and extent throughout the life course. Within this paradigm, prevention of disability' emphasizes efforts aimed at ameliorating the secondary impairments and functional limitations that can develop after the onset of acute or chronic injury or disease. Disability preventive interventions that emerge from this new paradigm need to be designed for use throughout the remaining life course to enhance the overall functioning of the older person.

Our primary target group is the community-dwelling, disabled older person. Our strategy for identifying, recruiting, and enrolling this difficult to reach target group is to collaborate with an existing community-wide social service network operating within the Commonwealth of Massachusetts, the Home Care Corporation network. Project I will modify Lachman's cognitive restructuring intervention approach for the disabled, older population. Two intervention trials will be conducted with two special needs subgroups within the disabled older population. Project 2 focuses on sedentary, older persons who have not incorporated exercise into their normal lifestyle. Project 3 targets disabled older persons who have restricted their activity levels because of fear of falling. Future efforts of the Center will apply these interventions to other disabled subgroups of the population.

PROJECT NUMBER.....3 P20 AG12058-03S1

INVESTIGATOR NAME/ADDRESS
MCNEILLY, MAYA
DUKE UNIVERSITY MEDICAL CENTER
BOX 3830
DURHAM, NC 27710

AWARD AMOUNT..... \$154,542

PERFORMING ORGANIZATION: DUKE UNIVERSITY
TITLE: EXPLORATORY CENTER FOR RESEARCH ON HEALTH PROMOTION
SUB TITLE: BASIC MECHANISMS

ABSTRACT:

The contextual model proposed for the Duke EC predicts that psychosocial factors may influence physiological mechanisms that may increase risk for the development of hypertension in older blacks. The purpose of this study is to test specific hypotheses concerning the relationship between psychosocial factors and physiological functioning. Specifically, this study will determine whether chronic stress is associated with increased sympathetic nervous system (SNS) activity, enhanced sodium retention, and augmented vascular reactivity -- all of which might increase risk for hypertension. Furthermore, this research will determine if the effects of stress may be moderated by social support and religious participation. The following hypotheses will be tested: (1) Individuals high in self-report of stress will exhibit higher levels of SNS hormones, greater sodium retention, and greater vascular reactivity compared to individuals reporting lower levels of stress. (2) Social support and religious participation will be associated with decreased SNS hormonal levels, decreased retention, and lower levels of vascular reactivity. (3) Perceived stress will interact with social support and with religious participation such that the effects of high levels of stress will be moderated by high levels of social support or religious participation. We will also examine on a preliminary basis the effects of anger, hostility, and "John Henryism" on potentially hypertensinogenic physiological phenomena. The proposed studies are perhaps the first to examine the association between specific sociocultural factors and physiological processes suspected to be involved in the development of hypertension in older blacks.

PROJECT NUMBER.....3 P20 AG12058-03S1

INVESTIGATOR NAME/ADDRESS
WILLIAMS, REDFORD B
DUKE UNIVERSITY MEDICAL CENTER
BOX 3830
DURHAM, NC 27710

AWARD AMOUNT..... \$463,627

PERFORMING ORGANIZATION: DUKE UNIVERSITY
TITLE: EXPLORATORY CENTER FOR RESEARCH ON HEALTH PROMOTION

ABSTRACT:

The Duke Exploratory Center for Research on Health Promotion in Older Minority Populations is organized to conduct multidisciplinary pilot research and interventions and to initiate programs of health education and community outreach aimed at improving the health status of older African Americans. The overall theme of our Exploratory Center (EC) will be basic and clinical research on psychosocial and behavioral aspects of hypertension in older blacks. The unifying conceptual framework for the Duke EC is the contextual model for hypertension in African Americans as proposed by Anderson and colleagues. The Duke EC will be based in the Duke Center for the Study of Aging and Human Development, an all-university multidisciplinary program, and be part of Dukes Program on Health, Behavior and Aging in Black Americans. The Duke EC will take advantage of the rich resources of the Duke University Medical Center, the Duke Aging Center, the Durham VA GRECC, Duke's Behavioral Medicine Research Center, Comprehensive Cancer Center, and other affiliated programs. The Duke EC will involve research on hypertension in older blacks that encompasses epidemiological, basic laboratory, interventional, and community outreach studies. The projects will be supported by an Administrative Core that will provide overall coordination and fiscal administration of the EC, will coordinate subject recruitment, psychosocial and physiological assessments, and will establish a foundation for the long-term involvement of local older blacks in a fully-functioning Research Center. To accomplish these goals, we have assembled a multidisciplinary, multi-ethnic, and multi-institutional research team. It is a collaboration between a major national research institution (Duke), the oldest state-supported historically black university in the United States (North Carolina Central University), and a grassroots African American community health promotion organization (The Durham Community Health Coalition Project).

PROJECT NUMBER.....3 P20 AG12042-03S1

INVESTIGATOR NAME/ADDRESS

PROHASKA, THOMAS

PREVENTION RESEARCH CTR

AWARD AMOUNT..... \$395,000

850 WEST JACKSON BVLD SUITE 40

CHICAGO, IL 60607

PERFORMING ORGANIZATION: UNIVERSITY OF ILLINOIS AT CHICAGO

TITLE: MINORITY ELDERLY HEALTH PROMOTION CENTER

ABSTRACT:

The University of Illinois at Chicago has established a Minority Elderly Health Promotion Center (MEHPC) that focuses on ameliorating health risks for minority older adults. The theme of the MEHPC is health promotion of minority older adults through modification of dietary intake, exercise, and other health practices. The theme reflects an important collection of health risk factors associated with chronic disease in minority older adults. All research projects within the Center view health behaviors in terms of stages along a continuum in which the objective is to move a person from one stage to the next. The primary tools to move older persons from one stage to the next include education about the risk factors (knowledge), maximizing self-efficacy and outcome efficacy, increasing social support, and changing perceptions associated with the behaviors such as barriers and benefits. The Minority Elderly Health Promotion Center-UIC aims to: a) provide resources for conducting research on health promotion in minority older adults, b) stimulate and support new, high-quality multidisciplinary health promotion research on minority older adults, and c) facilitate dissemination of successful health promotion programs and products to community settings and wellness programs for application.

The Center is comprised of community and academic advisory groups, core support groups, and research facility. During the first three years, the MEHP Center will conduct four developmental research projects. The are:

1. Exercise Promotion of Minority Elderly in Senior Center
2. Improving Exercise and Dietary Behaviors in Black Elders
3. Effects of Menopause and Health Promotion in Older Minority Women
4. Health Behaviors of Multiethnic Hispanic Elderly

Taken together, the four projects represent a programmatic research approach to health behaviors in minority older adults. The four projects have been unique and shared characteristics including: an emphasis on meaningful community sites; shared theoretical perspectives; common research questions and, shared methodological and measurement resources. New research projects will be incorporated into the center through a competitive grant program which will award funding of two dissertations and up to four additional research projects in health promotion of minority older adults. Dissemination effects for the MEHP Center at UIC target academic and clinical faculty who teach aging, wellness and minority health, and program planners and administrators who oversee the design and delivery of wellness programs to seniors. The proposed MEHP Center will provide the opportunity for researchers with an interest in health promotion in older minority populations to develop projects in close collaboration with the community, that will reduce health risk behaviors and promote the health of minority older adults.

PROJECT NUMBER.....3 P20 AG12042-03S1

INVESTIGATOR NAME/ADDRESS

PROHASKA, THOMAS

PREVENTION RESEARCH CTR

850 WEST JACKSON BVLD SUITE 40

CHICAGO, IL 60607

AWARD AMOUNT..... \$79,000

PERFORMING ORGANIZATION: UNIVERSITY OF ILLINOIS AT CHICAGO

TITLE: MINORITY ELDERLY HEALTH PROMOTION CENTER

SUB TITLE: EXERCISE PROMOTION OF MINORITY ELDERLY IN SENIOR CENTERS

ABSTRACT:

Although there is considerable research on the psycho-social and perceptual factors influencing exercise behavior, this knowledge is not extended to the older minority population. The goal of this study is to develop a health education program which promotes participation in exercise activities for older African-Americans in senior centers. The primary objectives are to: 1) identify factors associated with deciding to participate in exercise programs, adherence, and relapse from an exercise routine; 2) implement and evaluate a health education program designed to increase participation and maintenance of an ongoing exercise program, and 3) develop and evaluate methods of exercise program dissemination. Our hypothesis is that a health education intervention based on cohort and culture specific perceptions and needs of the older African-American community will significantly improve participation in exercise programs and will decrease program attrition and increase exercise maintenance. The first objective is addressed through a series of focus groups and a survey of minority older adults in two senior centers. The focus groups include older adults who are in one of three stages of exercise; current exercisers, non-exercisers, and those who recently participated in an exercise program but have since discontinued.

The purpose of the groups is to determine culture specific factors older minorities view as being important to their stage of exercise activity. Next an interview survey will assess the degree factors such as social support, self-efficacy, and perceptions and knowledge about exercise, benefits and barriers, and health risk and associated with stages of exercise behavior. Once we determine the importance of these psycho-social and perceptual variables in determining stage of exercise behavior, we will use these concepts as part of the health education communication message in an effort to move older adults along these stages of exercise. The exercise health education program will be expanded to other settings through a process of training the trainers to be self-sufficient in program development and maintenance. Among factors important in maintaining exercise programs is identification and training individuals to organize and lead such programs. Three methods of training the trainers will be compared; training students to assume leadership of the programs; training older minority participants willing to assume program leadership; and training community older adults to assume program leadership. The three groups are compared on the number of programs started and maintained and the number of exercise program participants. This three year study will result in a comprehensive package of maximizing exercise maintenance, reduced relapse, and methods to maintain and expand exercise programs in the community.

PROJECT NUMBER.....3 P20 AG12042-03S1

INVESTIGATOR NAME/ADDRESS

PROHASKA, THOMAS R

PREVENTION RESEARCH CTR

AWARD AMOUNT..... \$79,000

850 WEST JACKSON BVLD SUITE 40

CHICAGO, IL 60607

PERFORMING ORGANIZATION: UNIVERSITY OF ILLINOIS AT CHICAGO

TITLE: MINORITY ELDERLY HEALTH PROMOTION CENTER

SUB TITLE: LEADERSHIP CORE

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The University of Illinois at Chicago has established a Minority Elderly Health Promotion Center (MEHPC) that focuses on ameliorating health risks for minority older adults. The theme of the MEHPC is health promotion of minority older adults through modification of dietary intake, exercise, and other health practices. The theme reflects an important collection of health risk factors associated with chronic disease in minority older adults. All research projects within the Center view health behaviors in terms of stages along a continuum in which the objective is to move a person from one stage to the next. The primary tools to move older persons from one stage to the next include education about the risk factors (knowledge), maximizing self-efficacy and outcome efficacy, increasing social support, and changing perceptions associated with the behaviors such as barriers and benefits. The Minority Elderly Health Promotion Center-UIC aims to: a) provide resources for conducting research on health promotion in minority older adults, b) stimulate and support new, high-quality multidisciplinary health promotion research on minority older adults, and c) facilitate dissemination of successful health promotion programs and products to community settings and wellness programs for application.

The Center is comprised of community and academic advisory groups, core support groups, and research facility. During the first three years, the MEHP Center will conduct four developmental research projects. The are:

1. Exercise Promotion of Minority Elderly in Senior Center
2. Improving Exercise and Dietary Behaviors in Black Elders
3. Effects of Menopause and Health Promotion in Older Minority Women
4. Health Behaviors of Multiethnic Hispanic Elderly

Taken together, the four projects represent a programmatic research approach to health behaviors in minority older adults. The four projects have been unique and shared characteristics including: an emphasis on meaningful community sites; shared theoretical perspectives; common research questions and, shared methodological and measurement resources. New research projects will be incorporated into the center through a competitive grant program which will award funding of two dissertations and up to four additional research projects in health promotion of minority older adults. Dissemination effects for the MEHP Center at UIC target academic and clinical faculty who teach aging, wellness and minority health, and program planners and administrators who oversee the design and delivery of wellness programs to seniors. The proposed MEHP Center will provide the opportunity for researchers with an interest in health promotion in older minority populations to develop projects in close collaboration with the community, that will reduce health risk behaviors and promote the health of minority older adults.

Health Care Organizations

PROJECT NUMBER.....1 R01 AG14427-01

INVESTIGATOR NAME/ADDRESS

BERG, KATHERINE

BROWN UNIVERSITY

AWARD AMOUNT..... \$146,905

BOX G-B232

PROVIDENCE, RI 02912

PERFORMING ORGANIZATION: BROWN UNIVERSITY

TITLE: OUTCOMES FOLLOWING SNF POSTACUTE CARE

ABSTRACT:

DESCRIPTION: The proposal has four aims: (1) to describe the functional and clinical characteristics of patients admitted to SNF with a diagnosis of hip fracture or stroke, as well as the outcomes they experience over the subsequent year, and the relationship of these outcomes to the patient's main reason for admission (rehabilitation versus skilled nursing versus high technology treatment) and to the rehabilitation orientation of the SNF; (2) to compare the relative effectiveness of specific post-acute treatment options in terms of rehospitalizations, additional service use, permanent placement in the nursing home, and mortality; (3) to validate a new methodology for identifying new-SNF nursing home stays; and (4) to examine the relationship between patients' functional status at the time of discharge from the nursing home on subsequent health service utilization.

The sample for the first three aims will consist of patients admitted to a SNF after hospitalization for hip fracture or stroke in the case-mix demonstration states of Maine, South Dakota, New York, Kansas, and Mississippi. The sample will be limited to Medicare beneficiaries aged 70 years or older and admitted in 1992-1995. The sample for Aim 4 will consist of all available patients admitted to 124 National Health Corporation-owned and managed nursing homes. This sample is unique in having MDS assessments for functional status performed on discharge from the nursing home. It is estimated that the MDS sample will include 16,800 stroke patients and 19,600 hip fracture patients (for Aims 1-3). It is estimated that the National Health Corporation sample will include at least 7,400 stroke patients and 6,800 hip fracture patients.

Four outcomes will be examined: death, rehospitalization, additional utilization (defined as the total number of services the patient encountered from the network of care after completing the post-acute treatment phase), and permanent nursing home placement. Independent variables at the level of the person, facility, county, and state will be examined.

PROJECT NUMBER.....5 R01 AG13008-03

INVESTIGATOR NAME/ADDRESS

BOURGEOIS, MICHELLE S

FLORIDA STATE UNIVERSITY

AWARD AMOUNT..... \$332,748

318 REGIONAL REHABILITATION CT

TALLAHASSEE, FL 32306

PERFORMING ORGANIZATION: FLORIDA STATE UNIVERSITY

TITLE: INCREASING EFFECTIVE COMMUNICATION IN NURSING HOMES

ABSTRACT:

Nursing home environments typically have detrimental effects on the quality of life for residents and the job satisfaction of nursing staff. The paucity of meaningful communicative interactions between residents and staff is thought to cause these environments to appear bleak and sterile. The purpose of the proposed study is to both increase the rate and quality of staff-resident communicative interactions and decrease the frequency of resident disruptive behavior. Nursing aides (NAs) will be randomly assigned by units to one of two groups: (1) a combined prosthetic memory aid and staff management intervention to increase the quantity and quality of Interactions with residents, and (2) a no treatment control condition. The intervention condition will last 4 weeks; pre and post-assessments will occur 6 weeks prior to and 8 weeks after intervention. To assess long term effects, all participants will be reassessed 3 months after intervention. Due to the large number of NAs and residents needed to detect intervention effects, and the broad expertise required in developing these treatment techniques, this study will involve two teams of researchers with a collaborative history and will be conducted in 8 nursing homes across two geographic sites, Pittsburgh, PA and Birmingham, AL There are 3 specific aims: 1): to assess the efficacy of a Combined Memory Aid + Staff Management treatment for increasing the frequency of interaction between NAs and residents; 2): to assess the effects of the intervention on the quality of staff-resident interactions; and 3): to assess the effects of the treatment on resident disruptive behaviors. Secondary aims of this study are to examine differences between groups in NA's attitudes, job satisfaction, and resident quality of life.

PROJECT NUMBER.....5 R01 AG13987-02

INVESTIGATOR NAME/ADDRESS

IRG/INTRAMURAL UNIT..HSR

FENNELL, MARY L

AWARD AMOUNT..... \$278,230

BROWN UNIVERSITY

BOX G B213

PROVIDENCE, RI 02912

PERFORMING ORGANIZATION: BROWN UNIVERSITY

TITLE: RURAL HOSPITAL LINKAGES TO LONG TERM CARE PROVIDERS

ABSTRACT:

DESCRIPTION: Health care delivery in rural areas has increasingly become more difficult over the past decade. This is related to a number of economic factors and policy changes, including an economic downturn in rural areas, the enactment of the Medicare Prospective Payment System, a shift of patients to urban facilities, higher operating expenses for rural hospitals, and a rapidly evolving industry due to the managed care movement. Moreover, rural hospitals are less able to maintain a staff mix to meet the health care needs of an increasingly older population. Little is known about how rural hospitals coordinate their health care provision with post-acute and LTC providers such as nursing homes and home health agencies. In the face of increasing health care demands in an economically hostile and uncertain environment, rural hospitals have diversified to offer post-acute and long term care through the "swing-bed" program. Hospitals have also established formal ties with LTC providers through a strategy called "vertical integration," where the hospital transfers post-acute and LTC patients to LTC facilities under a formal or informal agreement.

Previous research suggests that in rural areas, hospital and LTC links are difficult to establish. Yet it is these links that may be a key to providing cost effective, quality health care to the elderly and disabled who reside in rural areas.

This application continues its focus on links between rural hospitals and LTC providers. The expressed aims of the proposed research are fourfold: 1) to develop descriptive data on the extent of linkages between rural hospitals and LTC providers, and the breadth of linkage types which occur between acute and LTC providers; 2) to examine the process of linkage development between acute and LTC providers in relation to "swing-bed" program participation; 3) to test hypotheses about the determinants of linkage structures using Resource Dependence Theory and Institutional Theory; for instance, it is hypothesized that rural hospitals experiencing high cost levels, high variations in cost levels, low Medicare margins, scarce resources and high environmental uncertainty are more likely to seek external linkages with LTC providers; and 4) to test hypotheses about the institutional consequences of linking structures for levels and variation in (a) average Medicare inpatient cost and revenue per admission; and (b) patterns of inpatient care (e.g., length of stay, services received, discharge destination); it is hypothesized that rural hospitals with more formal linkages to LTC providers will experience lower costs and smaller variation in costs than those with informal or no linkages.

PROJECT NUMBER.....5 R01 AG11854-03

INVESTIGATOR NAME/ADDRESS

GERON, SCOTT M
BOSTON UNIVERSITY
264 BAY STATE ROAD
BOSTON, MA 02215

AWARD AMOUNT..... \$133,457

PERFORMING ORGANIZATION: BOSTON UNIVERSITY

TITLE: SATISFACTION OF FRAIL ELDERLY WITH HOME-BASED SERVICES

ABSTRACT:

Within the health and long-term care service fields, a person's subjective evaluation of the quality of services is increasingly recognized as an important outcome of long-term care, arguably as important as physical or cognitive functioning. While considerable attention has been given to develop client satisfaction measures in acute care, no existing standardized measures are available to address this vital aspect of long-term care service delivery. The Specific Aims of the study are to: (1) use multicultural perspectives of service recipients to develop a measure of client satisfaction for the frail elderly receiving home and community-based services that will address specific services as well as general satisfaction with services received; (2) determine the factor structure of service satisfaction; (3) estimate the test-retest reliability and internal consistency reliability of the client satisfaction measure; (4) assess the validity of the client satisfaction measure in relation to: (a) factor and item structure; (b) independent ratings of in-home care quality by case managers and caregivers; (c) a previously developed global satisfaction measure; (d) a previously developed measure of subjective well-being; and (e) estimates of response bias; and (5) experimentally compare two alternative methods of administration of the measure: in-person structured interviews and self-administration.

The development of the measure will be based on consumer-defined notions of in-home quality, including minority perspectives. Focus groups with African-American, Puerto Ricans and White elders will be convened to assure that diverse perspectives on the quality of home and community-based services are represented in the development of the measure. The instrument will be field-tested with a representative random sample of approximately 200 African-American, Puerto Rican and White recipients of in-home supportive services in Springfield, MA. factor analytic techniques will be used to assess the factor structure of the client satisfaction questionnaire. The test-retest reliability and internal consistency reliability of the client satisfaction questionnaire will also be assessed. The validity of the measure will be assessed in relation to: (a) structure and process measures of care; (b) independent ratings of care; (c) other satisfaction measures; and (d) health and other outcomes. An expert advisory panel of national experts will review all aspects of the development, field-test, and testing of the measure. The study offers the advantage of access to an ethnically diverse sample of community-dwelling disabled elders from an ongoing study of minorities and long-term care funded by NIA (AG11171).

PROJECT NUMBER.....5 R44 AG12081-03

INVESTIGATOR NAME/ADDRESS

GERTMAN, PAUL M

LAZO GERTMAN & ASSOC INC

70 WALNUT ST

WELLESLEY, MA 02181

AWARD AMOUNT..... \$372,498

PERFORMING ORGANIZATION: LAZO, GERTMAN AND ASSOCIATES, INC.

TITLE: INTERACTIVE HOME HEALTH COMPUTER SYSTEM FOR THE AGED

ABSTRACT:

The specific objectives of this phase II SBIR effort are to design, implement, field test and evaluate an interactive multimedia and advanced telecommunication system for "Continuously Available Medical Care" (CAMC) targeted at the needs of aged patients. An "electronic network will link patients at home and in congregate sites to home health nurses, physicians in their offices and hospital emergency departments, providing 24 hour per day and 7 day per week service. Multi-point videoconferencing capabilities will allow simultaneous interaction of multiple providers in determining care needs of the elderly. Data will be collected on changes in health status for an experimental group compared to a usual care group. CAMC Systems can be of great benefit to the health care system by reducing hospital utilization, reducing nursing home utilization, reducing the volume of routine office visits, decreasing routine home health care visits, increasing the efficiency of provider operations, and improving psychosocial supports to the patient and the family. CAMC systems will be targeted at HMOS and other organizations assuming capitated financial risk for the seriously and chronically ill. This market could represent one in which CAMC systems could provide billions of dollars per year in cost savings.

PROPOSED COMMERCIAL APPLICATION: The commercial applications of the work and derivatives are quite large. In the specific domain of care for the elderly with a chronic medical problem(s), the market is well over 1 million households. At a price of \$1,200 for software application components, this represents a market of over 1 billion dollars.

FY 1997 Abstracts - HCO GRANT

PROJECT NUMBER.....1 R43 AG13959-01

INVESTIGATOR NAME/ADDRESS

GIPSON, GENEVIEVE
LTC EDUCATION, INC.

AWARD AMOUNT..... \$93,080

3577 EASTON RD
NORTON, OH 44203-5661

PERFORMING ORGANIZATION: LONG TERM CARE EDUCATION (LTC EDUCATION)

TITLE: TRAINING EXPERIENCED NURSE ASSISTANTS IN LONG TERM CARE

ABSTRACT:

The need for trained nurse assistants is increasing in long term/ elder care. Although training is now required for new nurse assistants, few resources exist for training experienced nurse assistants (ENAs) who have provided directed care for 5,10 or even 42 years. This project builds on previous research, includes research and training components, and relates to training needs not presently being addressed and has potential for becoming self sufficient. Long term objectives: (a.) Develop and maintain a data base on demographic characteristics of ENAs in nursing home in Ohio and other states, (b.) develop system for identifying task most commonly, actually performed by ENAs, (c.) develop a series of teaching modules to focus on tasks empirical research has shown to be performed by ENAs on regular basis and for which training is perceived to be inadequate or unavailable vt\y ENAs and Nurses. Phase I will develop, field test and evaluate measurement instruments, procedures and teaching module in NE Ohio. Phase II will develop student/ instructor guides and self-directed learning materials for teaching module to be determined and will extend data collection and training to instructors/ENAs in at least for different geographic regions.

PROJECT NUMBER.....3 R01 AG10940-05S1

INVESTIGATOR NAME/ADDRESS

HAMMAN, RICHARD F
UNIVERSITY OF COLORADO
4200 E NINTH AVE, C245
DENVER, CO 80262

AWARD AMOUNT..... \$73,990

PERFORMING ORGANIZATION: UNIVERSITY OF COLORADO HLTH SCIENCES CTR
TITLE: HISPANIC HEALTH AND AGING IN SAN LUIS VALLEY, CO

ABSTRACT:

This proposal seeks to understand the relationship between disease occurrence, and psychosocial socioeconomic, nutritional and other risk factors on the development of functional impairment: disability, health care use, and mortality in a unique cohort of rural elderly Hispanic and non-Hispanic white (NHW) subjects in southern Colorado. We propose to expand a previously identified representative cohort of elderly Hispanic and NHW persons who live in two rural counties, and to determine the prevalence and subsequent incidence of physical and mental disability and those disease and psychosocial characteristics that may predict them. We will test several descriptive hypotheses: 1) -older Hispanics will have a greater prevalence of all measures of functional limitation and cognitive impairment than NHWs; 2) poorer overall nutrition will lead to greater disability; 3) health care utilization will be lower among Hispanics than NHWs at each age; 4) the incidence of functional limitation, disability, and institutionalization will be higher among Hispanics than NHWs. We will also test several analytic hypotheses that examine the role of specific mediating factors such as acculturation, social networks and social support, and nutrition. These data will help alleviate the paucity of descriptive and analytic information on elderly Hispanics in the southwestern U.S. This regional Hispanic population is heterogeneous, and there are virtually no data on those Hispanics who self-identify as "other Hispanic", rather than the more urban and border-related 'Mexican-American' subgroup. This proposal will provide data for health policy and services planning, and improve the understanding of disease and disability relationships in the rural Hispanic elderly.

PROJECT NUMBER.....1 R01 AG14301-01A1

INVESTIGATOR NAME/ADDRESS

HUDSON, MARGARET F
UNIV. OF NORTH CAROLINA
CB#7460, CARRINGTON HALL
CHAPEL HILL, NC 27599-7460

AWARD AMOUNT..... \$138,193

PERFORMING ORGANIZATION: UNIVERSITY OF NORTH CAROLINA CHAPEL HILL
TITLE: ELDER ABUSE--A SCREENING PROTOCOL

ABSTRACT:

DESCRIPTION (Adapted from the Investigator's Abstract): It is estimated that while one of every three cases of child abuse is reported to authorities, only one of every eight cases of elder abuse is reported. Thus, a significant number of elder abuse cases go undetected. In addition, although mandatory reporting now exists nationwide, the proportion of elder abuse cases reported has not increased and a large proportion of the reported cases are not substantiated. This may be due in part to the fact that recognition of elder abuse is relatively new, and it often is not based on sound empirical knowledge. Further, detection of elder abuse has been impeded by the lack of valid and reliable screening and detection protocols. An efficient screening protocol for elder abuse that can be used by health care or human services providers with elders in a variety of settings is needed in order to improve the recognition, substantiation, and treatment of elder abuse. The purpose of this three-phase study is to develop and field test such an instrument. During Phase I, the screening protocol will be developed based on items from the Elder Abuse Vignette Scale (EAVS) used in earlier studies. In Phase II, the instrument will be validated with known cases of both abused and non-abused elders served by Departments of Social Services in 6 North Carolina counties to determine its criterion validity and revised as needed. In Phase III, the screening protocol will be field tested to determine its validity and reliability with elders of unknown abuse status who are seen in a variety of settings by doctors, nurses and social workers.

PROJECT NUMBER.....7 R01 AG11930-04

INVESTIGATOR NAME/ADDRESS
HUGHES, SUSAN L
UNIVERSITY OF ILLINOIS AT CHIC
850 WEST JACKSON BOULEVARD
CHICAGO, IL 60607

AWARD AMOUNT..... \$283,118

PERFORMING ORGANIZATION: UNIVERSITY OF ILLINOIS AT CHICAGO
TITLE: IMPACT OF TEAM MANAGED/HOSPITAL LINKED HOME CARE

ABSTRACT:

Previous studies of home care as an alternative to institutional care have failed 1) to consistently target high-risk patients and 2) to incorporate the capacity to manage both inpatient and outpatient care. This study will examine the effectiveness of a team-managed hospital linked home care (TM/HLHC) model for two high-use patient populations: persons hospitalized with congestive heart failure (CHF) or for elective total joint replacement (TJR) of the hip or knee. Condition-specific home care protocols will be developed jointly by home care and physicians in order to maximize continuity of patient care. The model also emphasizes close communication and coordination between the home care team and the patient's attending physician. Four hundred twenty CHF and 196 TJR inpatients at a large university teaching hospital who meet study inclusion criteria and agree to participate will be randomized to either TM/HLHC or to customary care. Customary care services may include other home care services, short term rehabilitation hospital, nursing home and ambulatory care services. Consenting patients and their informal caregivers will be followed for one year and interviewed at baseline, one, six and twelve months post-discharge. All health care utilization will be tracked for all subjects over this time period. We hypothesize that TJR intervention subjects will experience significantly fewer short term rehabilitation hospital admissions at six months and will also experience the same or improved functional status, the same or improved lower extremity functioning, and increased satisfaction with care at one, six and 12 months. In contrast, CHF study patients will use significantly fewer acute hospital readmission days at 6 months and will experience the same or better functional status outcomes, the same or fewer cardiac symptoms, and will express greater satisfaction with care at one, six and 12 months. Caregivers burden will assessed at the same time intervals to determine whether it increases significantly in the intervention group.

PROJECT NUMBER.....5 R29 AG10887-05

INVESTIGATOR NAME/ADDRESS

HURWICZ, MARGO L

UNIVERSITY OF MISSOURI

8001 NATURAL BRIDGE RD

ST LOUIS, MO 63121-4499

AWARD AMOUNT..... \$98,501

PERFORMING ORGANIZATION: UNIVERSITY OF MISSOURI-ST. LOUIS
TITLE: DECISIONS ABOUT HMO SERVICE USE FOR LATE LIFE ILLNESS

ABSTRACT:

The proposed research seeks to understand the process by which an older adult who is experiencing an episode of illness decides whether to seek the care of a physician. Two complementary methodological approaches are taken. (1) Detailed illness episode data from a seven wave longitudinal panel study of 1009 Medicare recipients enrolled in a Health Maintenance Organization (HMO) will be used to develop a series of event history models of physician contact. The effects of various explanatory variables (sociodemographic, prior health history) and time varying covariates (other illness response strategies) on the risk of seeking medical care will be estimated in proportional hazards models that control for specific illness types and respondent categories. (2) A sample of 150 ethnographic informants will be selected from the original group of respondents to represent theoretically relevant categories of the population (e.g., men, women, married, not married, U.S. born, immigrants, health-status). Detailed ethnographic data on illnesses experienced in later life, their causes and symptoms, and the range of available and appropriate treatment alternatives for each illness will be collected systematically using free lists, card sorts, paired comparisons, and sentence frames. These data will be analyzed using techniques such as consensus analysis, multidimensional scaling and hierarchical clustering. Expressed rules for deciding among treatment alternatives, particularly whether to contact a physician, will be explored using ethnographic decision tree modeling techniques. Both approaches should yield information useful to planners and evaluators of health education programs aimed at increasing the match between need for services as defined by the medical profession, and actual use of medical services by this population.

PROJECT NUMBER.....1 R43 AG14617-01

INVESTIGATOR NAME/ADDRESS

HYDE, JOAN J

HEARTHSTONE ALZHEIMER CARE LTD

271 LINCOLN STREET

LEXINGTON, MA 01273

AWARD AMOUNT..... \$99,941

PERFORMING ORGANIZATION: HEARTHSTONE ALZHEIMER CARE, LTD

TITLE: RESIDENT CENTERED INFORMATION SYSTEM FOR ASSISTED LIVING

ABSTRACT:

DESCRIPTION (adapted from investigator's abstract): This project develops and tests a Resident-Centered Information (RCI) system for Assisted Living: a psycho-socially oriented assessment protocol based on the best available instruments; a service planning format using an expert decision system; an integrated resident-services logging system; and a complete set of management modules. The system supports assisted living providers serving frail elders and other dependent groups and includes approaches to meet the needs of those with cognitive impairment. The system, to be developed in both a paper and pencil and computerized form, is easy to use, so that it is supportive to staff and creates reliable data for continuous improvement and outcomes research. Nursing homes currently use the Minimum Data Set (MDS) as an industry-wide system for assessment, service planning, reporting. However, the MDS, with its health care orientation, does not meet the needs of assisted living providers. The RCI system will use many of the same data points to allow for comparability across settings, and ease of transfer for individual users of long-term care services. The new system will build on Hearthstone's experience in assisted living operations and research, particularly its current SBIR/NIA project is using assessment and outcome measures developed under NIA-funded collaborative studies.

PROJECT NUMBER.....1 R43 AG14940-01

INVESTIGATOR NAME/ADDRESS
IRVINE, A B
OREGON CENTER FOR APPLIED SCI
1839 GARDEN AVENUE
EUGENE, OR 97403

AWARD AMOUNT..... \$99,962

PERFORMING ORGANIZATION: OREGON CENTER FOR APPLIED SCIENCE
TITLE: CARE OF THE AGED--A MULTIMEDIA STAFF DEVELOPMENT PROGRAM

ABSTRACT:

Extensive research indicates that nursing assistants caring for older people need additional training to manage patients with behavior problems. The audio-visual and computer-tailoring capabilities of multimedia programs provide an excellent medium for presenting self-paced tutorials. This is especially valuable for care-giving staff with limited education or poor reading capabilities. The proposed interactive CD-ROM system will assess the trainee's knowledge, attitude, and experience. It will use this information to shape the training to the user's psychoeducational needs. Training units will include: Patient Care Skills, Communication Skills, Problem Behavior Management, Staff Management Strategies, and Employee Self-Care. Relevant skills will be explained by credible narrators, and will be demonstrated using gender-matched models in video vignettes. The competency-based learning approach will permit repeat-visits until content-mastery is achieved. The system will collect data on individual staff use time and content acquisition.

Phase I of the program will develop programmatic structure, content, and video necessary to produce and evaluate a prototype single-visit training system used by female nursing assistants. In Phase II we will finish Phase I development, expand the programming to permit repeat-visits and "refresher courses" tailored to male or female staff, and we will conduct a randomized control trial of the program's efficacy.

PROPOSED COMMERCIAL APPLICATION: To meet OBRA requirements, elder care facilities and community colleges are looking for cost-effective means to provide the elder care skills training mandated for nursing assistants. With roughly 33,000 residential care facilities in the United States, we anticipate a substantial market for an individualized multimedia training program which allows for independent viewing, and automated tracking of trainee progress through the lessons.

PROJECT NUMBER.....1 R03 AG15250-01

INVESTIGATOR NAME/ADDRESS

JONES, MILDRED

UNIV OF PITTSBURGH

200 LOTHROP STREET

PITTSBURGH, PA 15213-2582

AWARD AMOUNT..... \$15,660

PERFORMING ORGANIZATION: UNIV OF PITTSBURGH

TITLE: IMPACT OF EARLY HOSPITAL DISCHARGE IN THE AGED

ABSTRACT:

DESCRIPTION: (adapted from the application). A variety of competing forces are currently shaping health care in the United States, including aging of the population and aggressive efforts to control health care costs. Declining inpatient stay has been a major contributor in attempts to control health care costs. A primary impetus has been the growth of managed care which has led to shortened hospital stays due to early discharge. Disadvantages of early discharge include concerns that patients may be discharged too sick for family members to manage, particularly if the patient or caregiver are elders. Few studies have investigated outcomes following early discharge and most only examined these outcomes for a short interval (30 days). The purpose of this study is to describe patient outcomes, resource utilization and caregiver burden following early discharge (5-7 days) to home after abdominal aortic aneurysm (AAA) repair. This patient group was chosen because this condition represents a unique opportunity to evaluate outcomes of early discharge in a vulnerable population of elderly patients who require major surgery. Specific Aims are: (1) to describe patient outcomes (symptom, quality of life) at 1, 4 and 8 weeks after early discharge (5-7 days) to home following AAA repair; (2) to describe the caregiving experience from the perspective of the primary care partner at these same intervals; (3) to describe resource utilization (homemaker services, skilled care needs, types of health care contacts & complications) in 8 weeks after early discharge to home; and (4) to identify factors associated with decreased symptom, improved quality of life and decreased caregiver burden. The study will use a prospective, descriptive, longitudinal design. From patients, measures will be obtained 1, 4, and 8 weeks after discharge of symptom (Symptom Checklist) and quality of life (SF-36 Health Survey). From caregivers, measures will be obtained at the same intervals of the caregiving experience (Caregiver Questionnaire) and resource utilization (Resource Utilization List). To validate and amplify information gained through these instruments, the investigator will interview a subsample of 5 caregivers using qualitative methodology (Experience of Caregiving Interview Guide). Repeated measures ANOVA will be used to analyze change in symptoms, quality of life, caregiver burden and health resource use over time. Pearson's correlation coefficients will be used to analyze relationships between demographic characteristics and symptom, quality of life, caregiver burden and resource use. Qualitative data will be analyzed using content analysis. Recommendations will be developed from this analysis to direct future studies, design discharge teaching materials and follow-up programs which provide support services for the elderly patient and caregiver that then can be tested in future studies.

PROJECT NUMBER.....2 T32 AG00198-06A1

INVESTIGATOR NAME/ADDRESS

KANE, ROBERT L

UNIVERSITY OF MINNESOTA

D-351 MAYO (BOX 197)

MINNEAPOLIS, MN 55455

AWARD AMOUNT..... \$259,371

PERFORMING ORGANIZATION: UNIVERSITY OF MINNESOTA TWIN CITIES

TITLE: MINNESOTA TRAINING GRANT AGING

ABSTRACT:

The proposal requests a renewal and expansion of the aging training grant at the University of Minnesota. the goals of the expanded program are to train basic, clinical, and applied researchers who are conversant with the multi-and interdisciplinary approaches to the study of aging. The next cycle of training will take advantage of the increased opportunities in aging training and research at the University. Predoctoral trainees will be enrolled in the departments of Health services Research, Psychology, Nursing, Family and Social Science, Physical Medicine and Rehabilitation, Industrial Relations, social Work, and Pharmacy Practice. In addition to these disciplines, postdoctoral training will include the departments of Family Practice, Psychiatry, Public Affairs, Pharmacy Practice, and Neurology. All departments will provide research opportunities for both levels of trainees. Predoctoral trainees will participate in research from the beginning of their training. Postdoctoral trainees will focus on research training and the refinement of professional skills. Interdisciplinary training will be provided by the Methods of Aging Research Seminar required for all trainees and informal seminars and colloquia. all trainees will be exposed to research in areas related or relevant to their primary area of specialization. Students at both levels will be encouraged to have published at least one paper by the end of their training. Funding is requested for 8 predoctoral trainees for years 1 and 2, 10 trainees for years 3, 4, and 5, and 4 postdoctoral trainees for all 5 years.

PROJECT NUMBER.....5 R01 AG10131-04

INVESTIGATOR NAME/ADDRESS

KAYSER-JONES, VIRGENE S

UNIVERSITY OF CALIFORNIA

3RD & PARNASSUS

SAN FRANCISCO, CA 94143-0610

AWARD AMOUNT..... \$244,830

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO

TITLE: BEHAVIORAL CONTEXT OF EATING AND NUTRITIONAL SUPPORT

ABSTRACT:

The nutritional status of the elderly has been studied extensively, but little is known about the problematic eating behavior of nursing home residents that may result in dehydration, malnutrition, weight loss, and eventually placement of a feeding tube. The purpose of this 4 year anthropological study is to investigate eating problems and the use of feeding tubes in 2 nursing homes. The specific aims are to identify, describe, and analyze: 1) The social, cultural, and environmental factors (e.g., ethnicity, marital status and dining room conditions) that influence eating behavior; 2) Resident characteristics such as age and mental and physical status, that affect eating behavior; 3) The process of evaluating and managing eating problems (what happens over time to patients with eating problems; 4) The social-cultural factors that influence the decision to give or withhold tube feedings (e.g., given similar conditions, why are some tube-fed while others are not); 5) The consequences (social and cultural) of tube feedings for patients and families; 6) Families' and caregivers' (e.g., physicians and nurses) perception of eating problems and tube feeding; and 7) The process of enteral feeding (e.g., who gives the feeding, how, when, and where are they given, and position of patient during and after feeding). This qualitative research uses three strategies: Participant observation, in-depth interviews with 75 patients, families, nursing staff, and physicians (N=200, 1/2 in each of two settings), and event analysis which will be used to describe prospectively three groups: 1) patients with eating problems that are resolved, 2) patients with continuing eating problems who are not tube-fed, and 3) patients with eating problems who eventually are tube-fed. In each setting, 50 subjects (N=100) will be followed for 6 months to obtain a natural history of patients with eating problems documenting: a) factors that influence eating behavior and the decision to insert a feeding tube; b) the process of evaluating and managing eating problems; and c) the consequences of feeding tubes for patients and their families.

This research will extend the body of knowledge theoretically in the areas of labeling and decision-making theory and in the applied area of eating problems and the use of feeding tubes in nursing homes. Findings may suggest interventions that will improve the quality of life of nursing home residents.

PROJECT NUMBER.....1 R01 AG14299-01

INVESTIGATOR NAME/ADDRESS
LACHS, MARK S
CORNELL UNIVERSITY MEDICAL COL
515 EAST 71ST STREET
NEW YORK, N Y 10021

AWARD AMOUNT..... \$100,000

PERFORMING ORGANIZATION: CORNELL UNIVERSITY MEDICAL CENTER
TITLE: FUNCTIONAL DECLINE IN VICTIMIZED OLDER WOMEN

ABSTRACT:

DESCRIPTION: (Adapted From The Investigator's Abstract): The specific aim of this research is to identify risk factors for functional decline in an observational cohort of urban community-dwelling older women who are followed for 12 months after experiencing violence (or the threat of violence) inside or outside of the home. The primary hypothesis is that victimization is a potentially unraveling event for an older women that may perturb the delicate equilibrium of many integrated domains, thereby conspiring to create a spiral of functional decline. Two hundred fifty six older women who are recruited from an urban victimology program will be followed for twelve months using standardized assessments. The primary endpoint of the study is functional decline, defined as the development of new or worsening impairment in the ability to perform activities of daily living or decline in performance based measures. The prevalence of functional decline over the follow-up period will be calculated, and independent risk factors for decline will be identified using appropriate bivariate and multivariable techniques. A major strength of the project is the integration of health care, legal, and criminal justice perspectives by virtue of the assembled investigators and organizations. They include the principal investigator (a geriatrician and clinical epidemiologist with substantial research expertise in elder abuse), a criminologist with content expertise in violence against women (Dr. Ronet Bachman), one of the country's leading community based elder abuse victimology programs (The Burden Center for the Aging in New York City), a elder law institute specializing in elder abuse (The Reingold Institute of the Brookdale Center on Aging), and the New York City Police Department's 19th precinct. The long term goal of this research is the development of intervention strategies to prevent functional decline in victimized older women based on the risk factors identified.

PROJECT NUMBER.....1 R43 AG14945-01

INVESTIGATOR NAME/ADDRESS

LAWRENCE, RENEE H

NEW ENGLAND RESEARCH INST, INC

9 GALEN STREET

WATERTOWN, MA 02172

AWARD AMOUNT..... \$93,540

PERFORMING ORGANIZATION: NEW ENGLAND RESEARCH INSTITUTES, INC.

TITLE: CONFUSING SYMPTOMS--A VIDEO FOR ELDERS AND THEIR FAMILIES

ABSTRACT:

Physical symptoms in later life do not always reflect the natural course of aging or progression of physical illness. Thus, it is important to sensitize older adults to physical signs and symptoms that indicate potential emotional problems. Accurate and timely treatment of confusing symptoms requires recognition and effective communication with physicians. Depression in older persons is particularly challenging in this regard: it is frequently masked as a somatic episode and much of it appears as comorbidity symptoms. The specific aim of this SBIR is to develop an instructional videotape to help elders and their families develop skills to recognize the confusing nature of some symptoms and to communicate with the doctor in a way that facilitates accurate diagnosis and treatment. Tasks during Phase I will include: (a) developing the content areas of the video; (b) producing a script; (c) review of the script by the Advisory Panel; (d) revision of the script as indicated; (e) developing a sample segment of videotape; (f) identifying distribution outlets; and (g) developing a production and evaluation schedule for Phase II. The product at the end of Phase I will be an evaluated, educational videotape ready for mass production and distribution during Phase III.

PROPOSED COMMERCIAL APPLICATION:

An educational videotape to provide elders and their families with skills 1) to recognize the confusing nature of some physical symptoms (e.g., depression masked as somatic complaints) and 2) to communicate with the doctor in a way that facilitates accurate diagnosis and treatment which could be used in a variety of settings for elders and their family members.

PROJECT NUMBER.....5 R44 AG13831-03

INVESTIGATOR NAME/ADDRESS

LOUIE, MING H

ATLAS DATA SYSTEMS

910 BOSTON POST ROAD

MARLBORO, MA 01752

AWARD AMOUNT..... \$291,442

PERFORMING ORGANIZATION: ATLAS DATA SYSTEMS

TITLE: SCHEDULING AND PLANNING SYSTEM FOR HOME CARE SERVICES

ABSTRACT:

This research is intended to implement an affordable PC-based mapping system for home care agencies using the latest Geographic Information System technologies. The system applies mapping software, graphical user interface and database techniques in the design. It allows home care professionals to use patient and employee information for scheduling and planning services.

Phase I's objective was to establish the technical merit and feasibility of the proposed system. A pilot system "Visiting Nurse Association Scheduling Assistant (VNASA-I) was developed and tested at two VNAs. Users indicated that the experience with VNASA-I has been a success. Actual improvements in productivity and quality were reported. Recommendations for enhancement in Phase II included linking patient and employee data to maps; identification of "security/risk areas"; showing one-way streets; finding the most efficient routes; improved simplicity of use; and generation of maps for service analysis.

Phase II's goal is to complete the development of a commercial software based on Phase I results. The new modular design adapts the Microsoft's windows standard and provides a flexible, stand-alone or networkable system for agencies of varying sizes. The software enables home care professionals to make service related decisions and dynamically adjust visit schedules based on visual information.

PROPOSED COMMERCIAL APPLICATION: The proposed PC-based mapping system may be used by home care agencies for scheduling and planning of medical care, therapy, home infusion, meal-on-wheel and a broad range of services. It may easily be employed by social workers and case managers of human service organizations to track service providers and coordinate treatments and rehabilitations. The system will play a key role in human services by controlling cost, reducing waste and improving service quality.

PROJECT NUMBER.....5 R01 AG12437-03

INVESTIGATOR NAME/ADDRESS

MC KINLAY, JOHN B

NEW ENGLAND RESEARCH INST

9 GALEN STREET

WATERTOWN, MA 02172

AWARD AMOUNT..... \$363,567

PERFORMING ORGANIZATION: NEW ENGLAND RESEARCH INSTITUTES, INC.

TITLE: VARIABILITY IN MEDICAL DECISIONS WITH OLDER PATIENTS

ABSTRACT:

Remarkably little is known about the doctor-elder patient relationship. Older patients present unique clinical challenges; often with multiple conditions, they present a complex bundle of physical signs, psychosocial symptoms and underlying social challenges. Recent work suggests that how people are actually diagnosed and treated is as much a function of who they are, who is treating them, and where care is received as it is what signs and symptoms are actually presented.

This proposal by a multidisciplinary team of social scientists, internists, psychiatrists and statisticians, building on earlier successful work, consists of a factorial experiment to simultaneously estimate the relative influence of elder patient characteristics (age, gender, race, SES), physician characteristics (gender, race, years since graduation), and features of the practice setting on clinical decision making (CDM). using professional actors, three common medical conditions (hyperthyroidism, "apathetic" hyperthyroidism, and depression) will be enacted in 6-7 minute videotape scenarios (the average length of a U.S. patient-physician encounter). The tapes will be shown to random samples of practicing internists (from whom most older people receive care) in different practice settings in the greater Boston area who regularly encounter older patients. The conditions are chosen to present ambiguous symptoms, presenting the physicians with considerable latitude for reasonable diagnostic treatment.

The innovative experimental design (4 treatment factors of patient characteristics within incomplete strata defined by 4 physician and practice characteristics) will robustly address a question of clinical and policy importance; which older patients receive what decisions by which physicians in what practice setting? The outcomes of interest include clinical diagnoses, patient workup and treatments recommended. The feasibility of the video-based technique has been thoroughly demonstrated in prior studies. Generalizability of findings is enhanced by employing conditions that are common in older patients and by recruiting female and minority physician-subjects.

It is emphasized that this is not a study of the appropriateness of the diagnoses made according to a "gold standard." There are no "correct" decisions; rather, we seek to measure the extent of variability in CDM and identify the specific reasons for such variability.

PROJECT NUMBER.....5 R37 AG11624-04

INVESTIGATOR NAME/ADDRESS

MOR, VINCENT

BROWN UNIVERSITY

AWARD AMOUNT..... \$290,787

BOX G-B213

PROVIDENCE, RI 02912

PERFORMING ORGANIZATION: BROWN UNIVERSITY

TITLE: DO GOOD NURSING HOMES ACHIEVE GOOD OUTCOMES?

ABSTRACT:

The proposed project relies upon a combination of primary and secondary data sources assembled at the facility and resident level to test the proposition that residents of nursing homes with formalized, protocol driven approaches to caring for the physiological needs of residents will experience reduced rates of pressure ulcers and lower extremity contractures compared with homes that allow autonomy and clinical decision making discretion but that the opposite relationship will be observed for psychosocial outcomes, such as well-being and distressed mood. A sample of 360 facilities, stratified by ownership, size and urban location will be drawn from the 6 states participating in HCFA's Multi-State Case-Mix Demonstration project. MDS+ data available longitudinally (at 6 and 12 months post-baseline) in computerized form for all residents of homes will be obtained for participating homes as will the most recent MMACS data. Directors of nursing and a unit charge nurse in all homes will be interviewed by telephone to characterize the internal management structure, lines of communication and responses to changes in the environment as well as about the nursing care processes in place to guide staff behavior viz. care planning, service delivery and interaction with residents. The Area Resource File (ARF) will be used to describe the health care and resource environment in which the facility is situated.

These four sources of data will be merged and analyses undertaken with the resident as the unit of analysis. We will ascertain whether the data are consistent with our hypothesis that, contingent upon the type of resident outcome (e.g. physiologic vs. psychologic), the relative importance of the type of control and communication strategies in place predict the two types of resident outcome will vary. Further, we will explore the various aspects of nursing home functioning and operation, including staff turnover and other indicators of leadership, and their relationship to whether homes achieve good outcomes in several, or only one, resident outcome domain. This latter exploratory data analysis step is crucial to derive from the theoretical results insights about how to intervene in a nursing home to improve the chance of achieving positive outcomes.

PROJECT NUMBER.....1 R43 AG14613-01

INVESTIGATOR NAME/ADDRESS

MORRISON, JATONA L

MULTUM INFORMATION SERV, INC

3200 CHERRY CREEK SOUTH DRIVE

DENVER, CO 80209

AWARD AMOUNT..... \$96,969

PERFORMING ORGANIZATION: MULTUM INFORMATION SERVICES, INC.

TITLE: GERIATRIC SERVICE

ABSTRACT:

The elderly population is one of the fastest growing segments of the American population. Nevertheless, there is a shortage of clinicians who are specifically trained to identify and treat the problems associated with advancing age. As a result, predictable deteriorations in renal function, increasing drug-utilization over time and susceptibility to age-related illnesses all serve to threaten the health of many elderly Americans. The Geriatric Service of MediSource is a comprehensive computerized product that addresses the informational needs of clinicians who care for elderly patients. The Geriatric Service specifically offers age-specific recommendations for preventative care, and tools to provide audits for those medication-related hazards that most commonly affect elderly patients. The intent of the Geriatric Service is not to expand the content of existing applications, but to create a fundamentally new approach to the management of the elderly patient. We believe that integrated clinical information services like those offered by Multum are rapidly becoming the standard of care for pharmacologic and non-pharmacologic interventions and hope to improve dramatically the care rendered to elderly patients with this proposed Geriatric Service.

PROPOSED COMMERCIAL APPLICATION: The Geriatric Service of MediSource has the potential to become the standard of care throughout the health care industry for patient-specific drug information. The Geriatric Service can be used by clinicians in ambulatory, inpatient, educational, and research settings for current, concise, and patient-specific information related to drug selection, dosing, and monitoring.

PROJECT NUMBER.....5 R01 AG13843-03

INVESTIGATOR NAME/ADDRESS

OOI, WEE L

HEBREW REHABIL CENTER FOR AGED

1200 CENTRE ST

BOSTON, MA 02131

AWARD AMOUNT..... \$244,187

PERFORMING ORGANIZATION: HEBREW REHABILITATION CENTER FOR AGED
TITLE: IMPACT OF NURSING HOME ENVIRONMENT ON MORBID OUTCOMES

ABSTRACT:

Although clinical condition predispose institutionalized elders to common morbid outcomes – pressure ulcers (P- Ulcers), behavior problems and falls, these factors are only modestly predictive. Preliminary analyses indicator that “facility effects” (specific programmatic and administrative characteristics of nursing home environments), have an incremental and independent effect on outcomes. There are “high morbidity homes,” postulated as operating under a reactive or crisis-oriented model, and “low morbidity homes” postulated as operating under a reactive or crisis-oriented model, and “low morbidity homes” with a proactive or preventative approach.

We proposed a 3-year study via a “Case-Comparison” approach to determine which (and how) resident and facility factors affect outcomes in 50 homes and over 6000 residents of the National Health Corporation (NHC) nursing home chain. NHC has an established track record (over 10 years) of providing us with high quality computerized data for over 12,000 residents in about 100 facilities nationwide. The current study will examine baseline and longitudinal NHC data, including quarterly patient record information (HCFA’s MDS), supplemental treatment records, and a variety of contextual characteristics on each home (location, size, payer mix, administrative structure, operational processes). Additionally, data will be obtained from three rounds of phone surveys and interviews with the CEO and Director of Nursing, followed with select chart reviews and observations during on-site visits to each home. Baseline surveys will be replicated 9 and 15 months later to validate initial findings and identify changes in independent variables for homes that may have altered their approach to care between surveys. For each home, separate “at risk” resident samples will be drawn from those who fit established clinical risk models for P.Ulcer, behavior decline, or falls.

The analysis will begin with descriptive identification of factors that distinguish facilities on a continuum of risk and scored on “a priori” specifications of their approach to care (aims lab). We will determine whether homes with high scores on proactive care will experience lower morbidity. This step will also enable us to created aggregated “exposures to contextual aspects of a facility’s care environment,” to inform resident-level analyses (Aim 2b). A facility-level analysis (aim 2a) using a repeated measures ANCOA with time-varying covariates, will be performed to determine over time, whether 50 homes ranked according to their scores on orientation to care, have experienced differential (case-mixed adjusted) rates of defined morbid outcomes. A multinomial, mixed-effects modeling approach (aim 2b) will then examine the relationship between structural and process measures, resident risk profiles, and outcome measures of P. Ulcers, behavior problems and falls.

PROJECT NUMBER.....1 R43 AG14931-01

INVESTIGATOR NAME/ADDRESS

PETERSON, DE L

CARETRENDS HLTH EDUC/RES INST

1320 S MINNESOTA AVE, SUITE 10

SIOUX FALLS, SD 57105

AWARD AMOUNT..... \$100,000

PERFORMING ORGANIZATION: CARETRENDS HEALTH EDUCATION & RES INST

TITLE: MULTIMEDIA NUTRITION EDUCATION FOR CAREGIVERS

ABSTRACT:

Assisted living facilities are one of the fastest growing means of providing assistance to the elderly but generally, the care is provided by untrained, nonprofessional caregivers. The objective of this project will be to develop a CD-ROM based assisted living employee training program focused on one aspect of nutritional care to improve the quality of care for residents. The aims include: 1) conducting a training needs assessment regarding baseline knowledge of nutrition of assisted living caregivers; 2) designing a CD-ROM based training program using one component, "Food Preparation", for caregivers; 3) developing and testing the module on the CD-ROM for training; and 4) demonstrating the feasibility for development of an effective interactive, multimedia CD-ROM based training program to provide nutrition education for caregivers. Assisted living caregivers will be surveyed to determine baseline knowledge of nutrition. Through collaboration with technical and health related professionals, education of one aspect of nutrition, "Food Preparation", will be developed on interactive, multimedia CD-ROM. The CD-ROM prototype will be used and evaluated by assisted living caregivers and administrators to determine the effectiveness of education. If successful, a complete CD-ROM based nutrition program will be developed which will include six (6) training modules to provide comprehensive nutrition information in all domains of nutrition care.

PROPOSED COMMERCIAL APPLICATION: The assisted living industry is growing at a very rapid rate throughout the United States. Assisted living facilities, administrators and their staff will be the primary market for the CD-ROM based training nutrition program. The potential market for this program is immense in that it is projected that there will be a doubling of the number of assisted beds by the year 2000. This will make approximately 1.4 million beds at a cost of 33.1 billion dollars annually.

PROJECT NUMBER.....1 R03 AG15170-01

INVESTIGATOR NAME/ADDRESS

PHILLIPS, VICTORIA L

EMORY UNIVERSITY

AWARD AMOUNT..... \$77,173

1518 CLIFTON RD, NE RM 614

ATLANTA, GA 30322

PERFORMING ORGANIZATION: EMORY UNIVERSITY

TITLE: RESTRUCTURING LONG TERM CARE IN GEORGIA

ABSTRACT:

Georgia, like many states, is in the process of restructuring its publicly supported long term care system. The key principle guiding this reform effort is that the state should integrate the delivery systems providing medical and long term care. The Department of Medical Assistance (DMA), the state Medicaid agency, is experimenting with integration through a pilot health plan SOURCE (Service Options Using Resources in Community Environments). The plan is designed for people who are both Medicaid and Medicare eligible (dually eligible) and who, based on medical, cognitive, and functional criteria, are either nursing home eligible or at-risk of nursing home placement. Enrollees (n=2208) will be case managed by a multi-disciplinary team; will receive medical services from a closed panel of physicians; and be provided home and community-based services (HCBS) under a prescribed care plan. The state's 191-C waiver program provides the same HCBS package, offered via SOURCE without the accompanying medical services, to Medicaid recipients who are nursing home eligible. Establishing SOURCE thus creates a setting where the effects of a model of integration can be explored via a matched case control study. This application proposes to use RO3 funds for two specific aims. The first is to compare the health outcomes and costs of the SOURCE population with those for a matched control population from the 1915-C waiver program. The hypotheses to be tested are that integration, as defined by SOURCE, produces lower than average per client and better health outcomes than under the current (non-integrated) system. The second is to analyze collected data by gender, ethnicity, and primary medical condition to investigate if integration impacts groups differently. The preliminary hypotheses to be tested are that health improvements associated with SOURCE enrollment will be relatively greater for African Americans than for whites, for women than for men; and for those with primarily functional as opposed to medical problems. The findings here will form the basis of a future RO1 submission around the mechanisms by which system changes affect the health outcomes of frail, dually eligible elderly and on the differential effects of integration among groups of elderly.

PROJECT NUMBER.....5 R01 AG08947-03

INVESTIGATOR NAME/ADDRESS
ROGERS, JOAN C
WESTERN PSYCHIATRIC INST/CLINI
3811 O'HARA STREET
PITTSBURGH, PA 15213

AWARD AMOUNT..... \$257,859

PERFORMING ORGANIZATION: UNIVERSITY OF PITTSBURGH AT PITTSBURGH
TITLE: ASSESSING ELDER'S ADL/IADL--EQUALITY OF METHODS AND COSTS

ABSTRACT:

Functional assessment of ADL/IADL plays a vital role in the medical management and rehabilitation of the elderly. For individuals, assessment provides the key to accurate identification of problems and the implementation of appropriate remedial actions. For society, ADL/IADL assessment serves as a uniform measure of illness severity and functional outcome of health care interventions, regardless of diagnosis, and hence holds promise for the judicious and equitable distribution of health care resources. However, the results of various assessment methods may lead to differential treatments and therefore differential outcomes. Thus, reliable and valid ADL/IADL assessment methods are essential for patient care decisions as well as health care policy.

The primary aims of the proposed study are to compare the functional outcomes of 5 common methods of assessing ADL/IADL in the elderly to compare their concurrent and predictive validities, identify factors that account for differences among outcomes, and explore their cost-effectiveness. This study will provide data about the relative merits and costs of the 5 assessment methods when accuracy and ability to detect change are taken into consideration; the extent to which the methods can be used interchangeably; and the degree to which the outcomes accurately represent the ability of frail, community-based older adults to perform ADL/IADL tasks in their own homes.

The 5 methods include 3 subjective (self-report, proxy report, clinical judgment) and 2 objective methods (situational performance testing conducted in a health care setting and in subjects' homes). In-home testing serves as the criterion method, because the home is the independent living site. A health status indicator serves as an external, objective criterion measure. Samples will be drawn of older adults, 75-84 years of age, with depression, dementia, cardiopulmonary disease, and osteoarthritis, who are living independently in the community. These diagnoses were selected because they are highly prevalent in the older population and represent affective, cognitive, generalized physical, and discrete physical impairments, respectively. A sample of "well" elderly will serve as a comparison group. A total of 275 subjects, 55 in each of the 5 groups, will be assessed initially and 6 months later.

PROJECT NUMBER.....1 R03 AG15206-01

INVESTIGATOR NAME/ADDRESS
SCHARFSTEIN, DAVID S
MASSACHUSETTS INST OF TECHNOLO
SLOAN SCHOOL OF MANAGEMENT
CAMBRIDGE, MA 02139

AWARD AMOUNT..... \$70,103

PERFORMING ORGANIZATION: NATIONAL BUREAU OF ECONOMIC RESEARCH
TITLE: MANAGED CARE, PHYSICIAN QUALITY AND HEALTH OUTCOMES

ABSTRACT:

The broad aim of this research project is to compare the quality of health care provided by managed care plans and more traditional fee-for-service (FFS) plans. The specific hypothesis examined in this project is that there are quality differences between the two types of health coverage because FFS patients are treated by more experienced and sub-specialized physicians than are managed care patients. This hypothesis is tested in this pilot study by investigating the outcomes of a particular surgical procedure, hysterectomy.

The data for the project come from the Case Mix and Charge Data collected by the Massachusetts rate Setting Commission. An analysis of these data will provide (i) estimates of outcome differentials between FFS and managed care patients; and (ii) estimates of the proportion of any differential that is attributable to different skill levels of physicians treating FFS and managed care patients.

PROJECT NUMBER.....5 R01 AG12899-03

INVESTIGATOR NAME/ADDRESS

SILVERMAN, MYRNA
UNIVERSITY OF PITTSBURGH
350 THACKERAY HALL
PITTSBURGH, PA 15260

AWARD AMOUNT..... \$290,378

PERFORMING ORGANIZATION: UNIVERSITY OF PITTSBURGH AT PITTSBURGH
TITLE: HEALTH CARE RESPONSES OF OLDER AFRICAN AMERICANS/WHITES

ABSTRACT:

The proposed research is a three-year study which will explore the differing patterns of health care responses to chronic illness of older African and white Americans residing in Allegheny County, Pennsylvania, specifically:

1. To identify and describe differential patterns of response to chronic illness by African Americans and whites 65 years of age and over; that is their differential use of self care, informal care and formal care.
2. To identify barriers and incentives to the use of self, informal and formal care, and show how they contribute to the observed patterns of care among older African Americans and whites.
3. To describe the process of care as it develops over time, including the subjective and objectives factors which contribute to health care choices.
4. To make recommendations for interventions which could enhance access and use of all three forms of health care.

These objectives will be accomplished through a survey using in-person interviews with a community sample of 500 black and 500 white persons 65 years of age and over who report one or more of the four chronic illnesses most commonly found in this age group: arthritis, heart disease, diabetes mellitus and chronic obstructive pulmonary disease (COPD). The respondents' various patterns of use of self, informal and formal care will be identified both in general and with regard to the four specific illnesses, and the determinants of these patterns analyzed. A sub-sample of 200 persons (100 African Americans and 100 white) will be selected by pattern of care response and other specific criteria for three additional in-depth interviews over the succeeding 18 months. These interviews will explore in greater detail the process of health care as it unfolds over time, including the role such factors as health knowledge, attitudes and beliefs, experiences with the health care system and social support play in health care choices. This in-depth portion of the research will both clarify and expand on the findings of the survey in order to present a multi-dimensional view of the problem.

PROJECT NUMBER.....1 R01 AG14474-01

INVESTIGATOR NAME/ADDRESS

SOUMERAI, STEPHEN B

DACP/HMS

AWARD AMOUNT..... \$279,998

126 BROOKLINE AVE, SUITE 200

BOSTON, MA 02215

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: MEDICARE CAPITATION AND QUALITY OF CARE FOR ACUTE MI

ABSTRACT:

DESCRIPTION: The overall aim of the study is to measure and compare the quality of care provided to elderly patients with acute myocardial infarction (AMI) under capitation (Medicare HMOs) and Medicare fee-for-service (FFS). The study extends previous studies of adherence to AMI practice guidelines and the effect of an educational program to modify physician adherence rates. The study has two parts.

Part 1 is a quantitative analysis, using observational data, some of which are previously collected, to test hypotheses about differences in quality of care by insurance status. The major hypotheses for this part of the study relate to: 1) adherence to national guidelines for effective drugs for AMI; 2) non-adherence to national guidelines for lidocaine use (when contraindicated); 3) triage delay (time from symptom onset to hospital presentation); 4) and, among thrombolytic recipients, the door-to-needle time as an outcome measure. The study sample is based on a historical inception cohort design that included patients presenting with symptoms of an MI and to the 37 study hospitals. The power calculations are based on the expectation of differences in care by insurance status.

Part 2 will consist of a qualitative study to conduct in-depth interviews with key informants who are familiar with the state medical systems and with acute care for AMI. Informants will be drawn from 5 categories: HMO administrators and medical staff; hospital administrators and medical staff; staff of state Medicare and Medicaid; staff of medical indemnity plans; and local cardiology opinion leaders.

PROJECT NUMBER.....1 R01 AG14601-01

INVESTIGATOR NAME/ADDRESS

STROM, BRIAN L

UNIVERSITY OF PENNSYLVANIA

AWARD AMOUNT..... \$279,384

824 BLOCKLEY HALL/423 GRDN DR

PHILADELPHIA, PA 19104-6021

PERFORMING ORGANIZATION: UNIVERSITY OF PENNSYLVANIA

TITLE: EFFECTIVENESS OF RETROSPECTIVE DRUG UTILIZATION REVIEW

ABSTRACT:

Improper prescribing of medications is an important public health problem. Because the aged are more likely to have concomitant illnesses and medications, they are at greatest risk for adverse outcomes. For example: one study conducted in the elderly found that 28% of hospital admissions were due to medication problems, and showed that Medicaid recipients were at an especially increased risk. Drug utilization review (DUR) is a procedure that seeks to reduce the consequences of improper prescribing. In part because of federal mandate, retrospective DUR is now being applied to millions of older Americans, including all Medicaid enrollees and seventy-five percent of all people with prescription insurance coverage. This is despite the complete absence of rigorous evidence indicating that DUR is effective in either altering drug therapy or improving health outcomes. Given the existing federal mandate, an experimental trial of DUR in the Medicaid population is infeasible. Therefore, a timely, well-controlled observational trial of DUR's effectiveness is badly needed.

The University of Pennsylvania has unique opportunity to conduct a rigorous observational trial of DUR's effects on prescribing patterns and on clinical outcomes. Using a large, unique data source, we intend to evaluate the effects of DUR on both process measures and clinical outcome measures. The methodology that we propose incorporates both pre-post intervention comparisons, and concurrent controls. This will enable us to measure a number of important effects of DUR, controlling for possible effects of differences between state programs and causally unrelated secular trends. We intend to employ three distinct, complementary sampling frames from which to pose the study questions. The study questions have been carefully selected, and address issues of practical and theoretical importance.

The results of this study, whether positive or negative, will have wide-ranging health policy and scientific implications, especially with regard to the aged. The University of Pennsylvania has a great deal of experience in pharmaceutical outcomes research projects such as this, especially those using large claims databases. The investigators will be able to provide clear, meaningful answers to the study questions in a very short-time-frame, and do so in a very cost-efficient manner.

PROJECT NUMBER.....5 R01 AG08324-07

INVESTIGATOR NAME/ADDRESS
STRUMPF, NEVILLE
UNIVERSITY OF PENNSYLVANIA
420 GUARDIAN DRIVE
PHILADELPHIA, PA 19104-6096

AWARD AMOUNT..... \$314,385

PERFORMING ORGANIZATION: UNIVERSITY OF PENNSYLVANIA
TITLE: MAINTAINING RESTRAINT REDUCTION IN NURSING HOMES TRIAL

ABSTRACT:

Despite lack of evidence for the efficacy of physical restraints with the elderly, little systematic research and no clinical trials in nursing homes have tested interventions aimed at decreasing their use. Therefore, the purpose of this prospective, controlled study is to: 1) Investigate the relative effects of two experimental interventions, restraint education and restraint education-with-consultation, on the use of physical restraints in nursing homes; 2) Examine the relative effects of these interventions on resident outcomes (functional, cognitive, affective, health, and care plans) and staff outcomes (burnout, employment stability, beliefs about restraint efficacy and knowledge of alternatives); and 3) Test the relationship between nursing hours or serious resident injuries and restraint use. A quasi-experimental, potentially nonequivalent control group design will be employed to compare three nursing homes which have been randomly assigned to one of three treatments. A minimum of 375 residents over age 60 and 156 clinical staff in three nursing homes will comprise the two subsamples. Intervention I, Restraint Education, consists of 10, 45-60 minute programs taught over a six month period to increase staff knowledge regarding physical restraint use and comprehensive assessment and management of problematic behaviors. Intervention II, Restraint Education-with-Consultation, consists of an identical program of Restraint Education supplemented by 12 hours per week of direct consultation to staff. A master's prepared gerontologic nurse specialist will implement the two experimental interventions. Intervention III, Control, consists of neither Restraint Education nor Restraint Education-with Consultation.

Resident and staff subjects will be measured in two preliminary observations spaced three months apart; again immediately prior to and immediately following the interventions; and at 3 months and 6 months post-intervention to observe both immediate and sustained intervention effects. The design for hypothesis testing includes repeated measures, cross-sectional, and correlational analyses.

PROJECT NUMBER.....1 R43 AG14007-01

INVESTIGATOR NAME/ADDRESS
WALKER, BONNIE L
BONNIE WALKER & ASSOCIATES, IN
2135 ESPEY COURT, SUITE 16
CROFTON, MD 21114

AWARD AMOUNT..... \$99,787

PERFORMING ORGANIZATION: BONNIE WALKER AND ASSOCIATES
TITLE: IMPROVING STAFF ATTITUDES TOWARD EXPRESSION OF ELDERLY

ABSTRACT:

Sexuality is part of human nature throughout the life span. As people age, it continues to play an important role in determining quality of life. In long-term care setting, however, the expression of sexuality can present problems for both elderly people and staff. The long range goal of this project is to improve staff attitudes related to the sexuality of the elderly and to help staff foster a climate in which older people can express sexuality appropriately. Specific aims are to investigate elderly and staff knowledge and attitudes toward elderly sexuality, to identify issue on which the attitudes of elderly people and staff differ significantly, to develop measures of staff knowledge, attitudes, and behaviors in response to sexual expression, and to design, create, and evaluate appropriate educational and training materials for staff. Phase I products will include an annotated bibliography, an assessment instrument, and a curriculum guide which will serve as a blueprint for the education/training materials. Phase II products will include validated materials and assessment instruments which can be used independently to evaluate staff knowledge, attitudes, and practices, or materials in changing staff knowledge, attitudes, and behaviors.

PROPOSED COMMERCIAL APPLICATIONS:

This project will result in an instrument that can be used to assess staff knowledge, attitudes, and practices related to sexuality and the elderly and in a training program for staff which can be published by companies that provide training programs for long-term care facilities such as Aspen, Mosby, or the American Health Care Association.

PROJECT NUMBER.....5 R37 AG09692-08

INVESTIGATOR NAME/ADDRESS

WOLINSKY, FREDRIC D
SAINT LOUISE UNIVERSITY
3663 LINDELL BLVD, SYE 400
ST LOUIS, MO 63108-3342

AWARD AMOUNT..... \$154,957

PERFORMING ORGANIZATION: ST. LOUIS UNIVERSITY

TITLE: PANEL ANALYSIS OF THE AGED'S USE OF HEALTH SERVICES

ABSTRACT:

The purpose of this project is to investigate the development course of health and health behavior among elderly Americans. Framed by the conceptual perspective of the behavioral model of health services utilization, the five specific goals of the study are to: (1) estimate, cross-sectionally, the interrelationships hypothesized in the behavioral model among demographic characteristics, social structural factors, health beliefs, family and community resources, perceived and evaluated health status, and the use of various types of health services; (2) examine, longitudinally, the causal sequences involved in the interrelationships described in objective 1 using 2-, 3-, and 4-wave models; (3) assess the consistency of the elderly's health and health behavior over time; (4) explore the causal relationships among the various measures of health services utilization themselves; and, (5) develop, separately, predictive models of the risk for institutionalization and death, using the factors listed in objective 1 as predictive variables. Data will be taken from the Longitudinal Study on Aging, which includes detailed baseline interviews on a national probability sample of 5,151 individuals aged 70 or over in 1984, who have been re-interviewed in 1986 and 1988, and are scheduled for re-interview again in 1990. In addition, this interview data has been matched and linked on an annual basis to the National Death Index and Medicare Part A files, for the years 1984 through 1990. Analytic techniques will include multiple regression, change score regression, linear panel analysis. LISREL, and event history analyses.

Centers, Program Projects, Subprojects

PROJECT NUMBER.....1 P30 AG15272-01

INVESTIGATOR NAME/ADDRESS

ALEXANDER, MARK

UCSF

AWARD AMOUNT..... \$183,852

400 PARNASSUS AVE, A-405

SAN FRANCISCO, CA 94143-0320

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO

TITLE: RESOURCE CENTER FOR AGING RESEARCH IN DIVERSE POPULATION

SUB TITLE: CORE--COMMUNITY LIAISON

ABSTRACT:

This core will ensure the representation and participation of African American and Latino community members in aging research by combining the resources of various communities and research institutions in the San Francisco area. Specifically, the core will endeavor to: 1) create linkages between research institutions and CBOs for the purpose of decreasing racial and ethnic disparities in the health of older African Americans and Latinos as compared to other groups; 2) develop an infrastructure at the center to encourage the participation of ethnic organizations and populations as subjects in aging research to address issues of concern to African-American and Latino communities; 3) establish a community-based network to facilitate the recruitment and retention of research participants in clinical, behavioral, epidemiological and social science studies conducted by investigators affiliated with the center and investigators who focus on the health of minority populations; 4) develop and evaluate effective local and national channels to disseminate research methods and recruitment strategies which increase the participation of culturally diverse older adults in health research.

PROJECT NUMBER.....1 P30 AG15272-01

INVESTIGATOR NAME/ADDRESS

PEREZ-STABLE, ELISEO J

UCSF

AWARD AMOUNT..... \$551,557

400 PARNASSUS AVE, A-405

SAN FRANCISCO, CA 94143-0320

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO

TITLE: RESOURCE CENTER FOR AGING RESEARCH IN DIVERSE POPULATION

ABSTRACT:

The Resource Center for Aging Research for Diverse Populations (RCARDP) at the University of California, San Francisco will focus on African Americans and Latinos.

The Administrative Core will be the central organizational unit that will coordinate and support the work of the Community Liaison, Investigator Development and Measurement Cores, foster the development of investigators who will conduct research with older minority persons, develop and implement strategies to diversify the investigator workforce conducting research on their health, and develop and implement strategies for recruiting and retaining minority group members in research on their health, and develop and implement strategies for recruiting and retaining minority group members in research dealing with the health of minority elderly.

The Community Liaison Core will insure the representation and participation of African American and Latino community members in aging research by bridging the resources of communities and research institutions which aim to decrease racial and ethnic disparities in their health, by developing an infrastructure to support the ongoing participation of community based organizations in aging research, by establishing a community based network to facilitate the recruitment and retention of research participants in studies conducted by investigators affiliated with the RCARDP, and to develop and evaluate effective channels to disseminate research methodologies and recruitment strategies.

The Investigator Development Core will establish a network of researchers with expertise in minority health and aging research who will then mentor less experienced minority investigators to develop and conduct pilot studies, guide them in the submission of independent research proposals, and establish a program for dissemination of research.

The Measurement Core is to provide training and education, resources, methodological studies, and publications on the conceptualization of health and its determinants, on measuring health and its determinants in ways that are appropriate for minority elders, and on methods of recruitment and retention of subjects.

PROJECT NUMBER.....1 P30 AG15272-01

INVESTIGATOR NAME/ADDRESS

PEREZ-STABLE, ELISEO J

UCSF

AWARD AMOUNT..... \$183,852

400 PARNASSUS AVE, A-405

SAN FRANCISCO, CA 94143-0320

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO

TITLE: RESOURCE CENTER FOR AGING RESEARCH IN DIVERSE POPULATION

SUB TITLE: CORE--INVESTIGATOR DEVELOPMENT

ABSTRACT:

This core will have two major components. First, it will select Latino populations. These pilot studies will be led or co-led by minority investigators at the junior-faculty level and supervised by the RCARDP's core faculty or by affiliated aging investigators at UCSF. Second, the core will create a program to disseminate research information to all interested audiences including CBOs, health-care professionals and trainees and opinion leaders within the African-American and Latino communities. The specific aims for this core are: 1) to establish a network of investigators with expertise in minority health and aging, to select pilot studies to be funded, and to assist and mentor these less-experienced minority investigators in conducting their pilot studies; 2) to fund a minimum of fifteen pilot studies over five years, including three in year 1 which will be led or co-led by a minority investigator; 3) to assist minority investigators funded by the pilot studies to develop and submit an independent research proposal based on the data collected; and 4) to establish a program for disseminating research information regarding techniques used in research involving African-American and Latino aging populations.

PROJECT NUMBER.....1 P30 AG15272-01

INVESTIGATOR NAME/ADDRESS

STEWART, ANITA

UCSF

AWARD AMOUNT..... \$183,852

400 PARNASSUS AVE, A-405

SAN FRANCISCO, CA 94143-0320

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO

TITLE: RESOURCE CENTER FOR AGING RESEARCH IN DIVERSE POPULATION

SUB TITLE: CORE--MEASUREMENT

ABSTRACT:

This core is designed to provide training and education, resources, methodological studies, and publications on health and its determinants in ways that are appropriate for minority elders, and on methods of recruiting and retaining subjects. Training and education will consist of seminars and courses provided by the MC team mentoring investigators as they conduct their pilot studies. Providing resources will consist of maintaining a resource file including conceptual frameworks, measures, and methods that can be accessed by all persons affiliated with the RCARDP. The methods studies will be varied and guided or conducted by the MC team (e.g., tests of measures and of various recruitment methods in diverse groups). Publication and presentation of these methods at meetings will disseminate these findings to a broad research community.

The specific content aims of the MC are as follows: 1) develop strong conceptual frameworks for the special health and health-related issues in older, ethnically diverse populations based on qualitative and quantitative methods; 2) identify and disseminate state-of-the-art quantitative and qualitative methods for assessing health and health - related concepts in older African-American and Latino populations; 3) identify and catalogue existing measures of health and its determinants, and rate measures in terms of their psychometric adequacy and suitability for use with ethnically diverse, older populations; 4) establish and disseminate guidelines for selecting measures for new studies of ethnic minority elders that will be appropriate for the study question and specific population; 5) establish and disseminate standard methods for pretesting measures, adapting existing measures, developing new measures, and collecting health and health-related data in older African-American and Latino populations, including standards for translating measures into Spanish; 6) provide information on optimal methods of locating, recruiting, and retaining minority and low SES elders into various types of research studies, including minimum data collection requirements for assessing the cost-effectiveness of recruitment and retention methods.

PROJECT NUMBER.....1 P30 AG15292-01

INVESTIGATOR NAME/ADDRESS

BEAL, JAN

UNIV OF COLORADO HLTH SCIS CTR

4455 E 12TH AVENUE

DENVER, CO 80220

AWARD AMOUNT..... \$183,900

PERFORMING ORGANIZATION: UNIVERSITY OF COLORADO HLTH SCIENCES CTR

TITLE: NATIVE ELDER RESEARCH CENTER

SUB TITLE: CORE--MEASUREMENT

ABSTRACT:

The Native Elder Research Center (NERC) will be organized in terms of four core components: an Administrative Core (Core A), a Community Liaison Core (Core B), an Investigator Development Core (Core C), and a Measurement Core (Core D). Jan Beals, Ph.D., Associate Director for Research, NCIANMHR, and Assistant Professor, Department of Psychiatry, UCHSC, will serve as Senior Investigator and will lead the Measurement Core. Dr. Beals, a social psychologist, trained at the University of Michigan's Institute for Social Research and is nationally recognized for her psychometric and psychiatric epidemiologic research in areas directly relevant to this RCMAR. The Measurement Core will provide varying levels of direction and support to each of the native Investigator and supporting faculty in the development and course of the Pilot Studies and related research. The specific aims of this Core are to: 1) improve the overall design of the Pilot Studies and subsequent R01-like research grant applications to be developed; 2) assist in selection of appropriate measures for operationalizing the key constructs relevant to these studies and research grant applications; 3) demonstrate strategies by which to accommodate cultural variation likely to affect the reliability and validity of said measures; 4) review all draft instrumentation for formatting and coding efficiency; 5) introduce state-of-the-art data collection procedures (e.g., structured protocols, computer-assisted methods) that minimize information, method, and interviewer sources of variation; 6) anticipate sensory limitations (e.g., visual and hearing impairments) among older adults that may require specialized data collection procedures; 7) ensure adequate consideration of options regarding sampling plans and their relative merits; 8) highlight personnel and policy issues that frequently arise in the course of fielding studies in AI/AN communities; 9) acquaint participants with analytic techniques that address the psychometric performance of study measures and that are appropriate to the questions to be asked of the data, and 10) encourage attention to qualitative as well as quantitative research methods, their integration, and relative merit in explicating the phenomena studies.

As noted in Section 2: Summary Research Plan for the Entire Application, the resources available through this RFA are inadequate to sponsor Measurement Core of sufficient size and sophistication to meet these specific aims on an independent, stand-alone basis. Thus, the proposed NERC links directly to the pre-existing Research and Methodological Core of the National Center for American Indian and Alaska Native Mental Health Research (NCAIAMHR), which also is lead by Dr. Beals.

PROJECT NUMBER.....1 P30 AG15292-01

INVESTIGATOR NAME/ADDRESS

BUCHWALD, DEDRA

UNIV OF COLORADO HLTH SCIS CTR

4455 E 12TH AVENUE

DENVER, CO 80220

AWARD AMOUNT..... \$183,900

PERFORMING ORGANIZATION: UNIVERSITY OF COLORADO HLTH SCIENCES CTR

TITLE: NATIVE ELDER RESEARCH CENTER

SUB TITLE: CORE--INVESTIGATOR DEVELOPMENT

ABSTRACT:

The Native Elder Research Center (NERC) will be organized in terms of four core components: an Administrative Core (Core A), a Community Liaison Core (Core B), an Investigator Development Core (Core C), and a Measurement Core (Core D). Dedra Buchwald, M.D., Associate Professor, Department of Medicine, University of Washington, and Adjunct Associate Professor, Department of Psychiatry, UCHSC, is a Co-Principal Investigator and will lead the Investigator Development Core. Dr. Buchwald, an internist with extensive medical research, education, and clinical experience in different cultural settings, including AIs, has been honored on several occasions for her exemplary contribution to the career development of young investigators in the health sciences. Under her direction, the investigator Development Core will weave together didactic, experiential, and mentored instruction as well as specialized seminars to equip the Native Investigators targeted here to function as independent scientists working at the interface of aging, health, and culture, with special emphasis on native elders. This blend of activities will include: a) an introductory NERC mini-course entitled "Introduction to Native Aging and Health and Health Status; b) Pilot Studies; c) a series of NERC meetings that varies in timing and intensity as required to design and conduct the Pilot Studies; d) continuous interaction with mentors drawn from the core and affiliated faculty; e) a Minority Faculty Career Development Seminar sponsored by the American Association of Medical Colleges; f) the national Institute on Aging Summer Institute on Aging Research, and other seminars and workshops as relevant, available, or necessary to specific issues or Pilot Studies. Within this framework, Native Investigators will be encouraged to pursue specific lines of inquiry that are personally as well as programmatically important, that pertain to health promotion, illness prevention, and clinical practice among native elders, and that will yield research capable of securing external scholarship. Considerable thought was given to the particular approach to career development contained herein, resulting in several key decisions. This program proposes to recruit three (3) post-doctoral level Native Investigators from the social, behavioral, and health sciences into each of two 2-year developmental cycles and three additional native Investigators into one 1-year developmental cycle at the close of NERC support, resulting in nine (9) total scholars who will be aided in their pursuit of careers as independent scientists at the interface of aging, health, and culture.

PROJECT NUMBER.....1 P30 AG15292-01

INVESTIGATOR NAME/ADDRESS
FLEMING, CANDANCE M
UNIV OF COLORADO HLTH SCIS CTR
4455 E 12TH AVENUE
DENVER, CO 80220

AWARD AMOUNT..... \$183,900

PERFORMING ORGANIZATION: UNIVERSITY OF COLORADO HLTH SCIENCES CTR
TITLE: NATIVE ELDER RESEARCH CENTER
SUB TITLE: CORE--COMMUNITY LIAISON

ABSTRACT:

The Native Elder Research Center (NERC) will be organized in terms of four core components: an Administrative Core (Core D). Candace Fleming, Ph.D., Associate Director for Training, NCAIAMHR, Program Co-Director, NPO/HNI, and Associate Professor, Department of Psychiatry, UCHSC, will serve as a Senior investigator and will lead the Community Liaison Core. Dr. Fleming, a clinical psychologist, is American Indian (Kickapoo/Oneida/Cherokee), and is nationally recognized for her clinical work, program experience, policy efforts, and advocacy in areas directly relevant to this RCMAR, particularly at the local, community-based level. Core B will provide varying levels of direction and support--both day-to-day and long-term-- to each of the other cores in facilitating their linkage to the primary constituents of the NERC. The specific aims of this Core are to: 1) employ existing community partnerships to facilitate the planning, conduct, and dissemination of high quality research that promises to reduce the differential in health status and access to care that separate naive and non-Native elders; 2) transfer the requisite knowledge, skills, and attitudes to Native and non-Native Investigators to enable them to build their own working relationships with the same or similar community partners; 3) bring community partners more fully into the process of selecting study questions, of framing the research designs, of assisting in the identification and operationalization of key constructs, and data collection; 4) develop and improve mechanisms for disseminating the results of research at the interface of health, aging, and culture, so that there is greater likelihood of more immediate application for the benefit of the local populace, and 5) demonstrate that scientific merit, applicability of research, and subsequent advocacy are not mutually exclusive, but rather can be combined in a synergistic fashion that enhances the value of each. These aims follow directly from the current philosophy of the DAIANP, and suggest important guideposts for developing a meaningful research agenda that will attract and sustain the participation of Native elders, their families and communities in an enterprise that can benefit all parties. The proposed program will maintain an immediate, ongoing presence in each of the four AI/AN communities that serve as the context for Pilot Studies entailing primary data collection. The presence capitalizes on DAIANP field offices that already exist in the Pine Ridge Indian Reservation of the Ogala Sioux Tribe, the Navajo Nation (NN), and the Cherokee Nation: the largest tribal groups in the U.S. A new field office (SIHBFO) is being established near the Seattle Indian Health Board, the country's largest, most comprehensive urban Indian health program.

PROJECT NUMBER.....1 P30 AG15292-01

INVESTIGATOR NAME/ADDRESS
MANSON, SPERO M
UNIV OF COLORADO HLTH SCIS CTR
4455 E 12TH AVENUE
DENVER, CO 80220

AWARD AMOUNT..... \$551,700

PERFORMING ORGANIZATION: UNIVERSITY OF COLORADO HLTH SCIENCES CTR
TITLE: NATIVE ELDER RESEARCH CENTER

ABSTRACT:

This proposal seeks five years of support to establish the Native Elder Research Center (NERC), the specific aims of which are to: 1) provide the administrative structure, supported by a large, comprehensive array of unique programs, required to direct and coordinate a culturally relevant, scientifically meritorious research career development program targeted to AI/AN investigators; 2) augment already active partnerships with AI/AN communities that ensure continuous access to and involvement of elders, their families, and local systems of care in the aging research process; 3) capitalize on an extensive network of collaborative links to identify, recruit, and sustain cadre of AI/AN investigators willing to commit themselves to developing their potential as scientists specializing in aging research; 4) implement a carefully crafted set of mechanisms -- informed by nearly two decades of experience -- to equip AI/AN investigators from successful research careers at the interface of aging, health, and culture; 5) enlarge an existing group of investigators to include even more diverse disciplinary expertise of an exceptionally qualified nature that can address a broad range of high priority questions related to the aging of Native elders, and 6) promote of research that holds considerable promise for reducing the differentials in health status and access to care which now plaque this special population. The NERC will be housed within the Division of American Indian and Alaska Native Programs, of the Department of Psychiatry, School of Medicine, at the University of Colorado Health Sciences Center. In this regard, it will join three other, relevant national programs; the National Center for American Indian and Alaska Native Mental Health Research (NCIANMHR), Nature Program Office of the Healthy Nations Initiative (NPO/HNI), and Native Elder Health Care Resource Center (NEHCRC).

PROJECT NUMBER.....1 P30 AG15281-01

INVESTIGATOR NAME/ADDRESS

BROWN, DIANE

UNIVERSITY OF MICHIGAN

426 THOMPSON ST

ANN ARBOR, MI 48106-1248

AWARD AMOUNT..... \$183,904

PERFORMING ORGANIZATION: UNIVERSITY OF MICHIGAN

TITLE: CENTER FOR URBAN AFRICAN AMERICAN AGING RESEARCH

SUB TITLE: CORE--COMMUNITY LIAISON

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

This is an application to establish the state of Michigan Center for Urban African American Aging Research (MCUAAAR) at the University of Michigan and Wayne State University. The overall objective of this proposed resource Center is to foster high quality scholarly and empirical training, research, and interventions focused upon health promotion and health among older racial and ethnic minority populations. This application builds upon the work and expertise of faculty and students in these two state institutions to empirically investigate African American health inequalities over the life-course. We have been fortunate in developing a knowledgeable group of research personnel and attracting to each university a large number of multi-ethnic faculty and graduate students with interests in the study of aging and human development in black and other minority populations. We propose to establish the MCUAAAR as an administrative, training, and scientific research organization among the University of Michigan's Program for Research on Black Americans (PRBA) and Life-Course Development (LCD) at the Institute for Social Research, School of Nursing, the Institute of Gerontology, School of Nursing and Urban Studies Center at Wayne State University, and community based organizations (CBO) in the greater Detroit Metropolitan area. This proposed minority resource center builds on other cooperative research and administrative arrangements between UM, WSU and community based organizations. The proposed resource center will contain four interacting components: 1) the Administrative Core will provide administrative support, facilitate intellectual interchange, and provide overall coordination within the proposed Center and with other university units and community health service sites; 2) the Community Liaison Core will strengthen existing community research and service relationships as well as provide sources of cooperating community respondents for the proposed pilot research and intervention efforts; 3) the Investigator Development Core will identify, select, and mentor multi-disciplinary and multi-cultural investigators interested in research and interventions on the health of minority elders; and, 4) the Measurement Core will serve as a training and research focal point and assume leadership in refining and honing the research interests of all the investigators, but especially young investigators conducting the pilot studies. Finally, we propose a set of Coordinating Center activities designed to provide intellectual and administrative ties among the selected national group of Minority Resource Centers. Thus, the proposed MCUAAAR will provide a comprehensive mix of established and new pilot methodologies, a broad scope of proposed culturally sensitive research and intervention activities, and a multi-disciplinary and multi-ethnic team of established researchers and appropriately mentored early investigators.

PROJECT NUMBER.....1 P30 AG15281-01

INVESTIGATOR NAME/ADDRESS

JACKSON, JAMES S
UNIVERSITY OF MICHIGAN
426 THOMPSON ST
ANN ARBOR, MI 48106-1248

AWARD AMOUNT..... \$551,713

PERFORMING ORGANIZATION: UNIVERSITY OF MICHIGAN

TITLE: CENTER FOR URBAN AFRICAN AMERICAN AGING RESEARCH

ABSTRACT:

This is an application to establish the state of Michigan Center for Urban African American Aging Research (MCUAAAR) at the University of Michigan and Wayne State University. The overall objective of this proposed resource Center is to foster high quality scholarly and empirical training, research, and interventions focused upon health promotion and health among older racial and ethnic minority populations. This application builds upon the work and expertise of faculty and students in these two state institutions to empirically investigate African American health inequalities over the life-course. We have been fortunate in developing a knowledgeable group of research personnel and attracting to each university a large number of multi-ethnic faculty and graduate students with interests in the study of aging and human development in black and other minority populations. We propose to establish the MCUAAAR as an administrative, training, and scientific research organization among the University of Michigan's Program for Research on Black Americans (PRBA) and Life-Course Development (LCD) at the Institute for Social Research, School of Nursing, the Institute of Gerontology, School of Nursing and Urban Studies Center at Wayne State University, and community based organizations (CBO) in the greater Detroit Metropolitan area. This proposed minority resource center builds on other cooperative research and administrative arrangements between UM, WSU and community based organizations. The proposed resource center will contain four interacting components: 1) the Administrative Core will provide administrative support, facilitate intellectual interchange, and provide overall coordination within the proposed Center and with other university units and community health service sites; 2) the Community Liaison Core will strengthen existing community research and service relationships as well as provide sources of cooperating community respondents for the proposed pilot research and intervention efforts; 3) the Investigator Development Core will identify, select, and mentor multi-disciplinary and multi-cultural investigators interested in research and interventions on the health of minority elders; and, 4) the Measurement Core will serve as a training and research focal point and assume leadership in refining and honing the research interests of all the investigators, but especially young investigators conducting the pilot studies. Finally, we propose a set of Coordinating Center activities designed to provide intellectual and administrative ties among the selected national group of Minority Resource Centers. Thus, the proposed MCUAAAR will provide a comprehensive mix of established and new pilot methodologies, a broad scope of proposed culturally sensitive research and intervention activities, and a multi-disciplinary and multi-ethnic team of established researchers and appropriately mentored early investigators.

PROJECT NUMBER.....1 P30 AG15281-01

INVESTIGATOR NAME/ADDRESS

TAYLOR, ROBERT

UNIVERSITY OF MICHIGAN

426 THOMPSON ST

ANN ARBOR, MI 48106-1248

AWARD AMOUNT..... \$183,904

PERFORMING ORGANIZATION: UNIVERSITY OF MICHIGAN

TITLE: CENTER FOR URBAN AFRICAN AMERICAN AGING RESEARCH

SUB TITLE: CORE--INVESTIGATOR DEVELOPMENT

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

This is an application to establish the state of Michigan Center for Urban African American Aging Research (MCUAAAR) at the University of Michigan and Wayne State University. The overall objective of this proposed resource Center is to foster high quality scholarly and empirical training, research, and interventions focused upon health promotion and health among older racial and ethnic minority populations. This application builds upon the work and expertise of faculty and students in these two state institutions to empirically investigate African American health inequalities over the life-course. We have been fortunate in developing a knowledgeable group of research personnel and attracting to each university a large number of multi-ethnic faculty and graduate students with interests in the study of aging and human development in black and other minority populations. We propose to establish the MCUAAAR as an administrative, training, and scientific research organization among the University of Michigan's Program for Research on Black Americans (PRBA) and Life-Course Development (LCD) at the Institute for Social Research, School of Nursing, the Institute of Gerontology, School of Nursing and Urban Studies Center at Wayne State University, and community based organizations (CBO) in the greater Detroit Metropolitan area. This proposed minority resource center builds on other cooperative research and administrative arrangements between UM, WSU and community based organizations. The proposed resource center will contain four interacting components: 1) the Administrative Core will provide administrative support, facilitate intellectual interchange, and provide overall coordination within the proposed Center and with other university units and community health service sites; 2) the Community Liaison Core will strengthen existing community research and service relationships as well as provide sources of cooperating community respondents for the proposed pilot research and intervention efforts; 3) the Investigator Development Core will identify, select, and mentor multi-disciplinary and multi-cultural investigators interested in research and interventions on the health of minority elders; and, 4) the Measurement Core will serve as a training and research focal point and assume leadership in refining and honing the research interests of all the investigators, but especially young investigators conducting the pilot studies. Finally, we propose a set of Coordinating Center activities designed to provide intellectual and administrative ties among the selected national group of Minority Resource Centers. Thus, the proposed MCUAAAR will provide a comprehensive mix of established and new pilot methodologies, a broad scope of proposed culturally sensitive research and intervention activities, and a multi-disciplinary and multi-ethnic team of established researchers and appropriately mentored early investigators.

PROJECT NUMBER.....1 P30 AG15294-01

INVESTIGATOR NAME/ADDRESS
DIEZ-ROUX, ANA V
COLUMBIA PRESBYTERIAN MED CTR
622 WEST 168TH STREET
NEW YORK, NY 10032

AWARD AMOUNT..... \$124,539

PERFORMING ORGANIZATION: COLUMBIA UNIVERSITY NEW YORK
TITLE: COLUMBIA CENTER FOR THE ACTIVE LIFE OF MINORITY ELDERS
SUB TITLE: CORE--MEASUREMENT

ABSTRACT:

The broad goals of the Measurement Core are (1) to review, summarize, and critically evaluate existing information on the use and performance of instruments for assessing quality of life in minority elderly populations; (2) to develop a protocol for the evaluation of measures used in the assessment of quality of life domains in minority elders; (3) to disseminate this information to researchers interested in minority aging; and (4) to develop recommendations regarding areas in which additional research and development of measurement instruments is needed. In order to accomplish these goals, the Measurement Core will conduct an extensive and critical review of the literature in the field, and develop a protocol for the evaluation of measurement instruments in collaboration with the Methods and Data Core. Findings will be summarized in the form of tables, reports, and publications. Results will be disseminated through presentations and publications. In addition the Measurement Core will work with the Methods and Data Core in identifying areas where new or improved measures are needed and in the development culturally-sensitive instruments. The Measurement Core will work closely with the Methods and Data Core and the Coordinating Center in all these activities.

PROJECT NUMBER.....1 P30 AG15294-01

INVESTIGATOR NAME/ADDRESS
HOLMES, DOUGLAS
COLUMBIA PRESBYTERIAN MED CTR
622 WEST 168TH STREET
NEW YORK, NY 10032

AWARD AMOUNT..... \$124,539

PERFORMING ORGANIZATION: COLUMBIA UNIVERSITY NEW YORK
TITLE: COLUMBIA CENTER FOR THE ACTIVE LIFE OF MINORITY ELDERS
SUB TITLE: CORE--COORDINATING CENTER

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The proposed Columbia Center for the Active Life of Minority Elders (CALME), offers opportunity, support and guidance for minority researchers. They will be enabled to assume leadership and engagement in rigorous testing and demonstration of pathways to narrowing and, demonstration of pathways to narrowing and, if possible, eliminating gaps in health status and care, that presently exist between minority and majority elders. They will also work in consort with researchers from majority groups who have a track record in research on these minority issues. CALME is jointly sponsored by the Columbia University Division of General Medicine and Stroud Center for Study of Quality of Life, in collaboration with the Department of Neurology, Sergievsky Center, psychiatric Institute, Harlem Hospital Center, School of Public Health, and Community Research Applications, Inc., all of whom have shared research strategies, populations and data collection. These resources will be focused on the CALME mission by an Administrative Core and Executive Committee, which will coordinate and merge the efforts of Investigator Development, measurement, Methods and Data, and Community Liaison Cores. CALME will be assisted by an External Advisory Panel and Community Advisory Board, and will host a Coordinating Center to reciprocally support the efforts of other RCMARs. The strengths and Columbian brings to this endeavor are: (1) Established representative cohorts of minority elders: anchored in (i) proximity tot he multi-ethnic community of the northern part of Manhattan Island, and the corresponding multi-ethnic primary care and specialty clinic populations; and (ii) a context of responsible clinical commitment to the well-being of these populations, tied to sustained research involvement, and links enabling coordination between community and clinical research. (2) Access to cooperative subjects for new minority researchers and research projects. (3) Minority involvement at all levels of the Center organization: strong minority leadership, with active majority and minority mentorship relationships, and ability to attract minority trainees. (4) Concentration on Caribbean Latinos (Dominican, Puerto Rican, and Cuban), and African-Americans. 5) Depth and excellence in scientific personnel and technical resources for research on minority health: within Columbia, and at closely collaborating sites; and experience with culturally sensitive approaches to research. (6) Initial emphases on specific health issues which match the interests and potential of a current cohort of minority trainees.

PROJECT NUMBER.....1 P30 AG15294-01

INVESTIGATOR NAME/ADDRESS
LANTIGUA, RAFAEL A
COLUMBIA PRESBYTERIAN MED CTR
622 WEST 168TH STREET
NEW YORK, NY 10032

AWARD AMOUNT..... \$622,695

PERFORMING ORGANIZATION: COLUMBIA UNIVERSITY NEW YORK
TITLE: COLUMBIA CENTER FOR THE ACTIVE LIFE OF MINORITY ELDERS

ABSTRACT:

The proposed Columbia Center for the Active Life of Minority Elders (CALME), offers opportunity, support and guidance for minority researchers. They will be enabled to assume leadership and engagement in rigorous testing and demonstration of pathways to narrowing and, demonstration of pathways to narrowing and, if possible, eliminating gaps in health status and care, that presently exist between minority and majority elders. They will also work in consort with researchers from majority groups who have a track record in research on these minority issues. CALME is jointly sponsored by the Columbia University Division of General Medicine and Stroud Center for Study of Quality of Life, in collaboration with the Department of Neurology, Sergievsky Center, psychiatric Institute, Harlem Hospital Center, School of Public Health, and Community Research Applications, Inc., all of whom have shared research strategies, populations and data collection. These resources will be focused on the CALME mission by an Administrative Core and Executive Committee, which will coordinate and merge the efforts of Investigator Development, measurement, Methods and Data, and Community Liaison Cores. CALME will be assisted by an External Advisory Panel and Community Advisory Board, and will host a Coordinating Center to reciprocally support the efforts of other RCMARs. The strengths and Columbian brings to this endeavor are: (1) Established representative cohorts of minority elders: anchored in (i) proximity tot he multi-ethnic community of the northern part of Manhattan Island, and the corresponding multi-ethnic primary care and specialty clinic populations; and (ii) a context of responsible clinical commitment to the well-being of these populations, tied to sustained research involvement, and links enabling coordination between community and clinical research. (2) Access to cooperative subjects for new minority researchers and research projects. (3) Minority involvement at all levels of the Center organization: strong minority leadership, with active majority and minority mentorship relationships, and ability to attract minority trainees. (4) Concentration on Caribbean Latinos (Dominican, Puerto Rican, and Cuban), and African-Americans. 5) Depth and excellence in scientific personnel and technical resources for research on minority health: within Columbia, and at closely collaborating sites; and experience with culturally sensitive approaches to research. (6) Initial emphases on specific health issues which match the interests and potential of a current cohort of minority trainees.

PROJECT NUMBER.....1 P30 AG15294-01

INVESTIGATOR NAME/ADDRESS
PABLOS-MENDEZ, AIEL
COLUMBIA PRESBYTERIAN MED CTR
622 WEST 168TH STREET
NEW YORK, NY 10032

AWARD AMOUNT..... \$124,539

PERFORMING ORGANIZATION: COLUMBIA UNIVERSITY NEW YORK
TITLE: COLUMBIA CENTER FOR THE ACTIVE LIFE OF MINORITY ELDERS
SUB TITLE: CORE--COMMUNITY LIAISON

ABSTRACT:

The goal of the proposed Community Liaison Core for the Columbia Center for the Active Life of Minority Elders (CALME), is to foster the acceptance of research and promote enrollment and retention of older minority enrollment and retention of older minority subjects in aging research projects by developing and maintaining positive relationships with individual minority group members and minority community based organizations (CBO's). This goal will be achieved through four specific aims: 1. To identify barriers and facilitating factors to acceptance of research, enrollment in research projects, and retention among minority subjects, and at the same time to identify methods for minimizing or overcoming real and perceived barriers to participation. 2. To increase awareness of the benefits of aging research among leaders and members of CB's. 3. To assist CALME pilot-funded investigators, and other aging researchers associated with CALME at Columbia and its affiliated institutions and hospitals, in enrolling and retaining research subjects. 4. To disseminate knowledge about recruitment and retention methods locally and nationally. Core II will build upon knowledge gained from on-going large scale studies of minority elder cohorts in Washington Heights-Inwood/Harlem and the extensive o-going positive relationships with minority leaders and CBO's and community outreach that have helped make these studies successful. New efforts will include developing an information resource base on minority research recruitment to assist CALME pilot-funded and other minority research investigators, disseminating this information through CALME quarterly newsletters in Spanish and English, and establishing and working closely with a Community Advisory Board (CAB).

PROJECT NUMBER.....1 P30 AG15294-01

INVESTIGATOR NAME/ADDRESS
SHEA, STEVEN
COLUMBIA PRESBYTERIAN MED CTR
622 WEST 168TH STREET
NEW YORK, NY 10032

AWARD AMOUNT..... \$124,539

PERFORMING ORGANIZATION: COLUMBIA UNIVERSITY NEW YORK
TITLE: COLUMBIA CENTER FOR THE ACTIVE LIFE OF MINORITY ELDERS
SUB TITLE: CORE--INVESTIGATOR DEVELOPMENT

ABSTRACT:

The goal of Core III (Investigator Development) is to promote the development of investigators in minority aging through mentoring of researchers in this area, particularly minority researchers, and the fostering of collaboration between non-minority and minority researchers. Six specific aims are proposed: (1) To establish a process for publicizing and selecting applications for pilot study awards; (2) To implement a procedure and curriculum for mentoring junior investigators, together with a process for evaluating the mentoring effort; (3) To track the success of the pilot study awards based on inclusion of minority subjects in the research, successful competition for peer-reviewed grant support based on the pilot projects, and other criteria; (4) To implement a plan to maintain at a high level or increase the number of minority investigators receiving support through the pilot award program. In Year 1, four pilot projects are proposed, all related to the goal of narrowing the minority/non-minority differential in health status and all by minority investigators: (i) A study of an intervention for relief of comorbid dysthymia and subdysthymic depression in minority elders; (ii) A study of the relationships between endogenous estrogen, race/ethnicity, body mass, cognitive functioning, and Alzheimer's disease; (iii) A study of risk factors for hospital readmission for congestive heart failure among older African-American, Hispanic, and white patients; and (iv) A study of the impact of community disintegration in Harlem on health status and function in the elderly. Aims 5-6 are related to information transfer activities. Aim 5 is to disseminate information related to research activities, research methods including development and testing of culture-sensitive measures, research findings, and methods for recruitment and retention of minorities in aging research, to be done through regular meetings, "Birds Eye Reports" summarizing research findings in lay language, newsletters, a website, publications, and conferences. Aim 6 is to evaluate this information dissemination effort. These aims will be closely integrated with the other Cores and the Coordinating Center.

PROJECT NUMBER.....1 P30 AG15294-01

INVESTIGATOR NAME/ADDRESS
TERESI, JEANNE
COLUMBIA PRESBYTERIAN MED CTR
622 WEST 168TH STREET
NEW YORK, NY 10032

AWARD AMOUNT..... \$124,539

PERFORMING ORGANIZATION: COLUMBIA UNIVERSITY NEW YORK
TITLE: COLUMBIA CENTER FOR THE ACTIVE LIFE OF MINORITY ELDERS
SUB TITLE: CORE--METHODS AND DATA

ABSTRACT:

Within the CALME, the Methods and Data Core (MDC) will: (a) assist the measurement core in developing a protocol for evaluation current measures for cultural sensitivity; (b) promote the development and/or application of methodological techniques which can be used in developing new culturally-sensitive measures; (c) provide consultation to investigators on their data analyses; (d) assist investigators in the development of new R01's, and (e) assist in scale construction and analyses using common core data across pilot projects, relating this to the work of the coordinating center. The MDC will work with the Measurement Core in the appraisal of measures, with the Investigator Development Core in the statistical oversight and mentoring of investigators, and with the Coordinating Center in the development of a published volume of reviews of measures for use with minority populations.

PROJECT NUMBER.....1 P30 AG15286-01

INVESTIGATOR NAME/ADDRESS

FORD, MARVELLA E

HENRY FORD HEALTH SYSTEM

AWARD AMOUNT..... \$173,728

CTR MED TREATMENT 1 FORD PL 3E

DETROIT, MI 48202

PERFORMING ORGANIZATION: CASE WESTERN RESERVE UNIV-HENRY FORD HSC

TITLE: CENTER FOR AFRICAN AMERICAN AGING RESEARCH

SUB TITLE: CORE--MEASUREMENT

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The long-term objective of this Resource Center for Minority Aging Research is to reduce the gap in health status differentials between older African Americans and Caucasians. In order to achieve this objective, the Center will fulfill the following specific aims: increase learning and mentoring relationship between experienced researchers and researchers without previously funded research on African Americans and aging issues (Investigator Development Core); support minority investigators in developing research to improve health status and health care access for older African American adults by funding pilot studies which have a high probability of resulting in subsequent independent investigator awards (Investigator Development Core); support minority investigators in developing research to improve health status and health care access for older African American adults by funding pilot studies which have a high probability of resulting in subsequent independent investigator awards (Investigator Development Core); increase and disseminate knowledge about, and experience with, gaining access to and maintaining relationships with populations of African Americans for aging research (Investigator Development Core); increase cultural awareness, community development techniques, and methodological skills of majority and minority researchers who have limited familiarity with African American populations or with behavioral science/epidemiological research skills in conducting research in African American populations (Community Liaison Core); create an infrastructure, using previously tested models for accessing older African American individuals, to encourage their participation in biomedical, social, and behavioral research on aging (Community Liaison Core); and create culturally sensitive data collection strategies and measurement tools for use in aging research involving older African American populations (Measurement Core). This proposal offers an opportunity to create a unique type of research infrastructure, set within a health care system rather than outside it. Henry Ford Health System (HFHS), based in Detroit, serves southeast Michigan, with approximately a 20% share of all health care services provided in the area. Henry Ford Health System has access to a large number of older African American patients, and has a successful track record in retaining patients in clinical research. Henry Ford Health System is home to the Center for Medical Treatment Effectiveness programs (MEDTEP Center), funded by the Agency for Health Care Policy and Research to close the gap in health-related treatment outcomes and quality-of-life between African American and Caucasian patients. Much of the work conducted by the MEDTEP Center, such as participating in community health promotion activities for African Americans, facilitating research on improving health and quality of life outcomes for African Americans, assisting and encouraging African American investigators to conduct treatment effectiveness research relevant to African Americans, providing technical assistance to others conducting treatment effectiveness research relevant to African Americans, and disseminating information on the results of Center projects to the Henry System and the scientific and lay communities, falls within the scope of the role of a Resource Center for Minority Aging Research. Thus, the Henry Ford Health System MEDTEP Center is ideally suited to become a Resource Center for Minority Aging Research.

PROJECT NUMBER.....1 P30 AG15281-01

INVESTIGATOR NAME/ADDRESS

NEIGHBORS, HAROLD
UNIVERSITY OF MICHIGAN
426 THOMPSON ST
ANN ARBOR, MI 48106-1248

AWARD AMOUNT..... \$183,904

PERFORMING ORGANIZATION: UNIVERSITY OF MICHIGAN
TITLE: CENTER FOR URBAN AFRICAN AMERICAN AGING RESEARCH
SUB TITLE: CORE--MEASUREMENT FACILITY

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

This is an application to establish the state of Michigan Center for Urban African American Aging Research (MCUAAAR) at the University of Michigan and Wayne State University. The overall objective of this proposed resource Center is to foster high quality scholarly and empirical training, research, and interventions focused upon health promotion and health among older racial and ethnic minority populations. This application builds upon the work and expertise of faculty and students in these two state institutions to empirically investigate African American health inequalities over the life-course. We have been fortunate in developing a knowledgeable group of research personnel and attracting to each university a large number of multi-ethnic faculty and graduate students with interests in the study of aging and human development in black and other minority populations. We propose to establish the MCUAAAR as an administrative, training, and scientific research organization among the University of Michigan's Program for Research on Black Americans (PRBA) and Life-Course Development (LCD) at the Institute for Social Research, School of Nursing, the Institute of Gerontology, School of Nursing and Urban Studies Center at Wayne State University, and community based organizations (CBO) in the greater Detroit Metropolitan area. This proposed minority resource center builds on other cooperative research and administrative arrangements between UM, WSU and community based organizations. The proposed resource center will contain four interacting components: 1) the Administrative Core will provide administrative support, facilitate intellectual interchange, and provide overall coordination within the proposed Center and with other university units and community health service sites; 2) the Community Liaison Core will strengthen existing community research and service relationships as well as provide sources of cooperating community respondents for the proposed pilot research and intervention efforts; 3) the Investigator Development Core will identify, select, and mentor multi-disciplinary and multi-cultural investigators interested in research and interventions on the health of minority elders; and, 4) the Measurement Core will serve as a training and research focal point and assume leadership in refining and honing the research interests of all the investigators, but especially young investigators conducting the pilot studies. Finally, we propose a set of Coordinating Center activities designed to provide intellectual and administrative ties among the selected national group of Minority Resource Centers. Thus, the proposed MCUAAAR will provide a comprehensive mix of established and new pilot methodologies, a broad scope of proposed culturally sensitive research and intervention activities, and a multi-disciplinary and multi-ethnic team of established researchers and appropriately mentored early investigators.

PROJECT NUMBER.....1 P30 AG15286-01

INVESTIGATOR NAME/ADDRESS

TILLEY, BARBARA C

HENRY FORD HEALTH SYSTEM

CTR MED TREATMENT 1 FORD PL 3E

DETROIT, MI 48202

AWARD AMOUNT..... \$694,913

PERFORMING ORGANIZATION: CASE WESTERN RESERVE UNIV-HENRY FORD HSC
TITLE: CENTER FOR AFRICAN AMERICAN AGING RESEARCH

ABSTRACT:

The long-term objective of this Resource Center for Minority Aging Research is to reduce the gap in health status differentials between older African Americans and Caucasians. In order to achieve this objective, the Center will fulfill the following specific aims: increase learning and mentoring relationship between experienced researchers and researchers without previously funded research on African Americans and aging issues (Investigator Development Core); support minority investigators in developing research to improve health status and health care access for older African American adults by funding pilot studies which have a high probability of resulting in subsequent independent investigator awards (Investigator Development Core); support minority investigators in developing research to improve health status and health care access for older African American adults by funding pilot studies which have a high probability of resulting in subsequent independent investigator awards (Investigator Development Core); increase and disseminate knowledge about, and experience with, gaining access to and maintaining relationships with populations of African Americans for aging research (Investigator Development Core); increase cultural awareness, community development techniques, and methodological skills of majority and minority researchers who have limited familiarity with African American populations or with behavioral science/epidemiological research skills in conducting research in African American populations (Community Liaison Core); create an infrastructure, using previously tested models for accessing older African American individuals, to encourage their participation in biomedical, social, and behavioral research on aging (Community Liaison Core); and create culturally sensitive data collection strategies and measurement tools for use in aging research involving older African American populations (Measurement Core). This proposal offers an opportunity to create a unique type of research infrastructure, set within a health care system rather than outside it. Henry Ford Health System (HFHS), based in Detroit, serves southeast Michigan, with approximately a 20% share of all health care services provided in the area. Henry Ford Health System has access to a large number of older African American patients, and has a successful track record in retaining patients in clinical research. Henry Ford Health System is home to the Center for Medical Treatment Effectiveness programs (MEDTEP Center), funded by the Agency for Health Care Policy and Research to close the gap in health-related treatment outcomes and quality-of-life between African American and Caucasian patients. Much of the work conducted by the MEDTEP Center, such as participating in community health promotion activities for African Americans, facilitating research on improving health and quality of life outcomes for African Americans, assisting and encouraging African American investigators to conduct treatment effectiveness research relevant to African Americans, providing technical assistance to others conducting treatment effectiveness research relevant to African Americans, and disseminating information on the results of Center projects to the Henry System and the scientific and lay communities, falls within the scope of the role of a Resource Center for Minority Aging Research. Thus, the Henry Ford Health System MEDTEP Center is ideally suited to become a Resource Center for Minority Aging Research.

PROJECT NUMBER.....1 P30 AG15286-01

INVESTIGATOR NAME/ADDRESS

TILLEY, BARBARA C

HENRY FORD HEALTH SYSTEM

CTR MED TREATMENT 1 FORD PL 3E

DETROIT, MI 48202

AWARD AMOUNT..... \$173,728

PERFORMING ORGANIZATION: CASE WESTERN RESERVE UNIV-HENRY FORD HSC

TITLE: CENTER FOR AFRICAN AMERICAN AGING RESEARCH

SUB TITLE: CORE--INVESTIGATOR DEVELOPMENT

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The long-term objective of this Resource Center for Minority Aging Research is to reduce the gap in health status differentials between older African Americans and Caucasians. In order to achieve this objective, the Center will fulfill the following specific aims: increase learning and mentoring relationship between experienced researchers and researchers without previously funded research on African Americans and aging issues (Investigator Development Core); support minority investigators in developing research to improve health status and health care access for older African American adults by funding pilot studies which have a high probability of resulting in subsequent independent investigator awards (Investigator Development Core); support minority investigators in developing research to improve health status and health care access for older African American adults by funding pilot studies which have a high probability of resulting in subsequent independent investigator awards (Investigator Development Core); increase and disseminate knowledge about, and experience with, gaining access to and maintaining relationships with populations of African Americans for aging research (Investigator Development Core); increase cultural awareness, community development techniques, and methodological skills of majority and minority researchers who have limited familiarity with African American populations or with behavioral science/epidemiological research skills in conducting research in African American populations (Community Liaison Core); create an infrastructure, using previously tested models for accessing older African American individuals, to encourage their participation in biomedical, social, and behavioral research on aging (Community Liaison Core); and create culturally sensitive data collection strategies and measurement tools for use in aging research involving older African American populations (Measurement Core). This proposal offers an opportunity to create a unique type of research infrastructure, set within a health care system rather than outside it. Henry Ford Health System (HFHS), based in Detroit, serves southeast Michigan, with approximately a 20% share of all health care services provided in the area. Henry Ford Health System has access to a large number of older African American patients, and has a successful track record in retaining patients in clinical research. Henry Ford Health System is home to the Center for Medical Treatment Effectiveness programs (MEDTEP Center), funded by the Agency for Health Care Policy and Research to close the gap in health-related treatment outcomes and quality-of-life between African American and Caucasian patients. Much of the work conducted by the MEDTEP Center, such as participating in community health promotion activities for African Americans, facilitating research on improving health and quality of life outcomes for African Americans, assisting and encouraging African American investigators to conduct treatment effectiveness research relevant to African Americans, providing technical assistance to others conducting treatment effectiveness research relevant to African Americans, and disseminating information on the results of Center projects to the Henry System and the scientific and lay communities, falls within the scope of the role of a Resource Center for Minority Aging Research. Thus, the Henry Ford Health System MEDTEP Center is ideally suited to become a Resource Center for Minority Aging Research.

PROJECT NUMBER.....1 P30 AG15286-01

INVESTIGATOR NAME/ADDRESS

TILLEY, BARBARA C

HENRY FORD HEALTH SYSTEM

CTR MED TREATMENT 1 FORD PL 3E

DETROIT, MI 48202

AWARD AMOUNT..... \$173,728

PERFORMING ORGANIZATION: CASE WESTERN RESERVE UNIV-HENRY FORD HSC

TITLE: CENTER FOR AFRICAN AMERICAN AGING RESEARCH

SUB TITLE: CORE--COORDINATING CENTER

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The long-term objective of this Resource Center for Minority Aging Research is to reduce the gap in health status differentials between older African Americans and Caucasians. In order to achieve this objective, the Center will fulfill the following specific aims: increase learning and mentoring relationship between experienced researchers and researchers without previously funded research on African Americans and aging issues (Investigator Development Core); support minority investigators in developing research to improve health status and health care access for older African American adults by funding pilot studies which have a high probability of resulting in subsequent independent investigator awards (Investigator Development Core); support minority investigators in developing research to improve health status and health care access for older African American adults by funding pilot studies which have a high probability of resulting in subsequent independent investigator awards (Investigator Development Core); increase and disseminate knowledge about, and experience with, gaining access to and maintaining relationships with populations of African Americans for aging research (Investigator Development Core); increase cultural awareness, community development techniques, and methodological skills of majority and minority researchers who have limited familiarity with African American populations or with behavioral science/epidemiological research skills in conducting research in African American populations (Community Liaison Core); create an infrastructure, using previously tested models for accessing older African American individuals, to encourage their participation in biomedical, social, and behavioral research on aging (Community Liaison Core); and create culturally sensitive data collection strategies and measurement tools for use in aging research involving older African American populations (Measurement Core). This proposal offers an opportunity to create a unique type of research infrastructure, set within a health care system rather than outside it. Henry Ford Health System (HFHS), based in Detroit, serves southeast Michigan, with approximately a 20% share of all health care services provided in the area. Henry Ford Health System has access to a large number of older African American patients, and has a successful track record in retaining patients in clinical research. Henry Ford Health System is home to the Center for Medical Treatment Effectiveness programs (MEDTEP Center), funded by the Agency for Health Care Policy and Research to close the gap in health-related treatment outcomes and quality-of-life between African American and Caucasian patients. Much of the work conducted by the MEDTEP Center, such as participating in community health promotion activities for African Americans, facilitating research on improving health and quality of life outcomes for African Americans, assisting and encouraging African American investigators to conduct treatment effectiveness research relevant to African Americans, providing technical assistance to others conducting treatment effectiveness research relevant to African Americans, and disseminating information on the results of Center projects to the Henry System and the scientific and lay communities, falls within the scope of the role of a Resource Center for Minority Aging Research. Thus, the Henry Ford Health System MEDTEP Center is ideally suited to become a Resource Center for Minority Aging Research.

PROJECT NUMBER.....1 P30 AG15286-01

INVESTIGATOR NAME/ADDRESS
WISDOM, KIMBERLYDAWN
HENRY FORD HEALTH SYSTEM
CTR MED TREATMENT 1 FORD PL 3E
DETROIT, MI 48202

AWARD AMOUNT..... \$173,728

PERFORMING ORGANIZATION: CASE WESTERN RESERVE UNIV-HENRY FORD HSC
TITLE: CENTER FOR AFRICAN AMERICAN AGING RESEARCH
SUB TITLE: CORE--COMMUNITY LIAISON

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

The long-term objective of this Resource Center for Minority Aging Research is to reduce the gap in health status differentials between older African Americans and Caucasians. In order to achieve this objective, the Center will fulfill the following specific aims: increase learning and mentoring relationship between experienced researchers and researchers without previously funded research on African Americans and aging issues (Investigator Development Core); support minority investigators in developing research to improve health status and health care access for older African American adults by funding pilot studies which have a high probability of resulting in subsequent independent investigator awards (Investigator Development Core); support minority investigators in developing research to improve health status and health care access for older African American adults by funding pilot studies which have a high probability of resulting in subsequent independent investigator awards (Investigator Development Core); increase and disseminate knowledge about, and experience with, gaining access to and maintaining relationships with populations of African Americans for aging research (Investigator Development Core); increase cultural awareness, community development techniques, and methodological skills of majority and minority researchers who have limited familiarity with African American populations or with behavioral science/epidemiological research skills in conducting research in African American populations (Community Liaison Core); create an infrastructure, using previously tested models for accessing older African American individuals, to encourage their participation in biomedical, social, and behavioral research on aging (Community Liaison Core); and create culturally sensitive data collection strategies and measurement tools for use in aging research involving older African American populations (Measurement Core). This proposal offers an opportunity to create a unique type of research infrastructure, set within a health care system rather than outside it. Henry Ford Health System (HFHS), based in Detroit, serves southeast Michigan, with approximately a 20% share of all health care services provided in the area. Henry Ford Health System has access to a large number of older African American patients, and has a successful track record in retaining patients in clinical research. Henry Ford Health System is home to the Center for Medical Treatment Effectiveness programs (MEDTEP Center), funded by the Agency for Health Care Policy and Research to close the gap in health-related treatment outcomes and quality-of-life between African American and Caucasian patients. Much of the work conducted by the MEDTEP Center, such as participating in community health promotion activities for African Americans, facilitating research on improving health and quality of life outcomes for African Americans, assisting and encouraging African American investigators to conduct treatment effectiveness research relevant to African Americans, providing technical assistance to others conducting treatment effectiveness research relevant to African Americans, and disseminating information on the results of Center projects to the Henry System and the scientific and lay communities, falls within the scope of the role of a Resource Center for Minority Aging Research. Thus, the Henry Ford Health System MEDTEP Center is ideally suited to become a Resource Center for Minority Aging Research.

Older People Society

PROJECT NUMBER.....5 R29 AG12449-04

INVESTIGATOR NAME/ADDRESS

ALLEN, SUSAN

BROWN UNIVERSITY

AWARD AMOUNT..... \$115,112

BOX G B214

PROVIDENCE, RI 02912

PERFORMING ORGANIZATION: BROWN UNIVERSITY

TITLE: MARITAL GENDER ROLES AND DYNAMICS OF SPOUSAL CARE

ABSTRACT:

The overall goal of the proposed research is to investigate whether traditional gender roles within marriage have negative implications for women in times of ill health, given that traditional masculine gender roles may leave some men ill-prepared to assume the caregiving role. Given current health policy trends and many families preferences for care, the issue of husbands as caregivers has salience for today's aging society. Specifically, this research will address the following aims: 1. To describe cross-sectional gender differences in caregiving arrangements, including reciprocity in helping patterns when both husband and wife are in need of care. Further, to describe gender differences in transitions in caregiving arrangements over time, including formal and informal service mix, in response to husbands/wives escalating care needs; 2. To test whether husbands are more likely than wives to withdraw or decrease caregiving involvement over time, controlling for declining caregiver health status and other potentially confounding factors; 3. To test whether patterns of care characteristic of caregiving husbands influence wives' cross-sectional and longitudinal care outcomes, specifically, functional health status, hospital and nursing home use, and reported unmet need for care; 4. To investigate whether age, gender role attitudes, prior household work and the quality of the marital relationship mediate the effect of gender on spousal caregiving patterns and outcomes of care; 5. To compare gender differences in caregiving patterns, and resulting care outcomes, between cohabiting and married couples; 6. To estimate the magnitude of gender role bias in the measurement of need for assistance with gender-related activities among elderly married men and women, and to adjust estimates of need accordingly. This investigation will involve secondary analyses of existing data, focusing on two longitudinal national data sets, the Longitudinal Survey on Aging and the National Survey of Families and Households, both of which contain interview data collected from both members of the marital couple. Additionally, data from a randomly selected regional sample of working age and elderly persons with disabilities will be analyzed.

PROJECT NUMBER.....5 R37 AG11144-05

INVESTIGATOR NAME/ADDRESS

BECKER, GAYLENE

UNIV OF CALIFORNIA

AWARD AMOUNT..... \$254,368

3333 CALIFORNIA STREET

SAN FRANCISCO, CA 94118

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO
TITLE: CULTURAL RESPONSES TO ILLNESS IN THE MINORITY AGED

ABSTRACT:

The overall aim of this anthropological research is to discover and examine minority elders' cultural responses to illness, including: 1) their experience of illness, the interpretations they place on illness, cultural models for understanding illness, and use of biomedical and indigenous health care; 2) cultural meanings minority elders and their families attach to old age; 3) the role of the family in illness management and recovery; and 4) community resources, both formal and informal, that are considered or utilized in specific situations. The research is undertaken through an examination of individuals' and families' responses to illness upon discharge from acute care hospitalization with a changed health status, in which a temporary or permanent decrease in functional ability occurs. Four specific aims will be carried out by studying 150 minority persons over the age of 65 and their family members for a period of one year each, using qualitative methods and some measures of health status that can be quantified: 1) to examine the experience of illness and its cultural interpretation in old age; 2) to examine the changes that occur after hospitalization in living arrangements, family involvement, social activities, and utilization of community resources; 3) to examine the full range of this experience by studying individuals in three groups of 50 each who are discharged from the hospital to the community with a changed health status: a) Black/African-Americans, b) Hispanic-Americans, and c) Asian-Americans; 4) to examine this experience longitudinally by interviewing individuals and their family members three times; 1) shortly after discharge; 2) 6 months later; and 3) one year after discharge. Qualitative analysis will be undertaken in a systematic, five-step progression, and will be supported by quantitative analysis of health measurement data and qualitatively-derived data.

PROJECT NUMBER.....1 R01 AG14152-01

INVESTIGATOR NAME/ADDRESS

BECKER, GAYLENE

UNIV OF CALIFORNIA

AWARD AMOUNT..... \$184,197

3333 CALIFORNIA STREET

SAN FRANCISCO, CA 94143-0612

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO

TITLE: MEANINGS OF CHRONICITY AND AGE FOR ETHNIC MINORITIES

ABSTRACT:

DESCRIPTION: The overall aim of the proposal anthropological research is to examine the complex interaction of ethnicity and health through the exploration of meanings of chronicity and age for ethnic minorities. The five domains of study are: 1) the experience of illness and the use of biomedical and indigenous health care, 2) cultural adjustment, 3) meanings of age, 4) the role of the family in illness management and recovery, and 5) access to/utilization of health care resources--both formal and informal--people consider or utilize in specific situations. The specific aims are: 1) to examine illness experience and the various factors related to it such as beliefs and knowledge of the illness; 2) to examine the changes that occur after onset or exacerbation of a chronic illness (heart disease/hypertension, diabetes, and asthma) in lifestyle, living arrangements, family involvement, social activities, and access to/utilization of health care resources; 3) to examine: a) respondents' understanding of chronicity as it relates to their illness symptoms, and b) the assessment in management of symptoms with potentially serious consequences; 4) to examine the full range of this experience by studying 150 individuals, 30 in each of the following groups: African Americans, Mexican Americans, Filipino Americans, Central American refugees, and Cambodian refugees. Respondents will be interviewed in-depth three times over a one-year period. Qualitative analysis will be undertaken in a systematic, seven-step progression, and will be supported by quantitative analysis of health measurement data and qualitatively-derived data.

PROJECT NUMBER.....5 R01 AG12806-03

INVESTIGATOR NAME/ADDRESS
COLDITZ, GRAHAM A
BRIGHAM & WOMEN'S HOSPITAL
75 FRANCIS STREET
BOSTON, MA 02115

AWARD AMOUNT..... \$313,176

PERFORMING ORGANIZATION: BRIGHAM AND WOMEN'S HOSPITAL
TITLE: IMPACT OF WORK ON WOMEN'S HEALTH AND QUALITY OF LIFE

ABSTRACT:

This study capitalizes on the availability of two unique and powerful epidemiological data sets to advance knowledge on the impact of work on women's health and quality of life over the adult life course. We propose to examine prospectively how the psychosocial work environment affects both health-related quality of life (HRQL) and total mortality in a sizable sample of nurses who are free of major illness at baseline.

We will control for important factors outside the workplace that may contribute to HRQL: biomedical covariates, morbidity, health risk behavior, and stresses and burdens in the home and family sphere. Through cross-sectional and prospective analyses, we will test the hypothesis that work characterized by job strain (high psychological demands, together with low control) and social isolation ("iso-strain work"), will diminish women's health-related quality of life, even after taking account of other factors. We expect biomedical parameters, chronic illnesses, and health behaviors to predict women's HRQL, and partially to mediate the influence of iso-strain work on HRQL, and we anticipate that factors in the home and family will moderate the relationship. But our overriding goal is to map the direct and independent relations between characteristics of work itself and women's health-related quality of life. In addition, relating psychosocial work environment to total mortality and cause specific mortality will complete our understanding of the impact of work on women's' health.

The investigation will be carried out in two ongoing large prospective cohort studies together comprising roughly 123,000 actively working female nurses, aged 29-72 years. Nursing work is particularly well-suited for this research. -As a female-dominated and socially-important occupation, nursing is emblematic of the expanding service sector of the American economy where most growth in women's employment continues to occur. Nurses work in an industry -- health care -- that is facing economic and political constraints and dislocations. In some but by no means all settings, nursing is a highly stressful work. The scope and demands of nursing are diverse and heterogeneous enough to permit the pursuit of fundamental questions in a study of nurses about job strain and women's health and quality of life.

This research promises to advance the field in five new directions: (1) it brings a very large, continuing, prospective cohort study of women to a research area that has largely been dominated by smaller cross-sectional surveys of men; (2) it adds validated biomedical health indicators to the self-reports more typical of the field and controls for the possible impact on health of selection in and out of high-strain work; (3) it applies state-of-the-art measurement of the key independent variable, iso-strain (isolated, high-strain) work; (4) it considers women's work in conjunction with home and family life roles and strains that typically vary at different stages of life; (5) it introduces into job strain research a new and potentially illuminating dependent variable--health-related quality of life--using a well-validated instrument (the SF-36) that taps positive and negative indicators of health, role functioning, and well-being.

PROJECT NUMBER.....1 R03 AG14923-01

INVESTIGATOR NAME/ADDRESS

COUPET, SACHA M

UNIVERSITY OF MICHIGAN

443 SOUTH DIVISION APT 5

ANN ARBOR, MI 48104-2343

AWARD AMOUNT..... \$25,542

PERFORMING ORGANIZATION: UNIVERSITY OF MICHIGAN AT ANN ARBOR

TITLE: FAMILY STYLE, APPRAISAL AND ADJUSTMENT IN KINSHIP CARE

ABSTRACT:

DESCRIPTION: (adapted from the application). The proposed study explores the adjustment and psychological well-being of grandparent caregivers raising relative minors from a family systems perspective and within the broader context of a stress, appraisal and coping model. The factors to be explored include: (1) family style prior to and following the child's arrival into the home, as assessed along the dimensions of adaptability or flexibility and cohesion, (2) caregiver's global self appraisal or sense of coherence; and (3) caregiver's appraisal of the kinship caregiving situation. In addition, this study will investigate the influence of sociodemographic and additional factors on the adjustment of kinship caregivers, including: (1) age of caregiver; (2) age of child; (3) socio-economic status; (4) availability and quality of support; (5) length of placement; (6) age of child at placement; (7) number of children in placement; (8) quality of the relationship between the caregiver and the biological parent; (9) quality of the relationship between the child and the biological parent; (10) child's early attachment history; and (11) child's psychosocial adjustment. Eighty African-American grandparent caregivers will participate in a semistructured interview and complete a battery of assessment measures related to family style, cognitive appraisal, adjustment, coping and well-being. Relationships among the preceding variables and caregiver adjustment and well-being will be assessed through the use of multiple regression analysis. The results from this study will prove useful in identifying those caregivers who may be considered most adaptive or most at risk to being overwhelmed by the demands of caregiving. Specifically, it will assist child welfare service agencies to develop an understanding of the influence of family, individual, and situational factors on the adjustment and psychological well-being of grandparent caregivers in order to assess the experience of kinship caregiving and provide appropriate support services.

PROJECT NUMBER.....1 R03 AG15252-01

INVESTIGATOR NAME/ADDRESS

CROWTHER, MARTHA R

DUKE UNIVERSITY

AWARD AMOUNT..... \$23,081

PO BOX 90085

DURHAM, NC 27708-0085

PERFORMING ORGANIZATION: DUKE UNIVERSITY

TITLE: COMPENSATORY GRANDPARENTING--RAISING ANOTHER GENERATION

ABSTRACT:

DESCRIPTION: (adapted from the application). Historically, African American grandparents have assisted in the care of children. Today, many grandparents have been forced into the role of surrogate parent for reasons which include teen pregnancy, death and substance abuse of a parent. Grandparents who are primary caregivers for their grandchildren (compensatory grandparents) struggle with setting priorities and deciding how to divide their time, energy, and financial resources. More than 39% of all Black children live in grandparents headed households with no parent present. This is compared to 25% of White children and 23% Hispanic/Latino children. Yet very little is known about the impact of caregiving on the roles and activities of grandparents, and their psychological and physical health, and subjective well-being (SWB). The proposed study is a one-year cross-sectional, case control investigation of the factors affecting the health and well-being of African American grandparents.

A sample of 120 non-institutionalized African American grandparents will be recruited for this project. Two case groups will be included: (1) grandparents raising their grandchildren due to the crack / cocaine use of their children; and, (2) grandparents raising their grandchildren for reasons other than the substance use of their children. After meeting eligibility criteria, one testing session will be done which will take approximately two hours. Participants will be interviewed and asked to fill out standardized questionnaires. The scales were chosen to capture the sociodemographics, roles and activities, and health and well-being of the grandparents. Multiple regression analyses will be used to draw conclusions and path analysis for presentation purposes. Demographic characteristics such as age of the grandparent, number of children cared for, and ages of the grandchildren will be adjusted in the regression analyses.

The proposed study differs from most caregiving studies which examine the role of caregiving on persons taking care of older individuals; this study focuses on the growing problem of grandparents who have primary caregiving responsibilities for children. Therefore, this would be an opportunity to examine caregiving in an emerging context. Each participant will be tested in a neutral location chosen by the interviewer and the participant. Therefore, the performance sites will most often be one of the following: the participant's home, an office at Duke University Medical Center, or the participant's place of employment. The interviews will all be conducted in North Carolina in one of the following cities: Raleigh, Greensboro, Durham, Burlington, Chapel Hill, Cary, Carrboro, High Point and Winston Salem (these cities comprise the Triangle and Piedmont areas of North Carolina).

PROJECT NUMBER.....3 R37 AG05284-12S1

INVESTIGATOR NAME/ADDRESS

DAVIS, MARADEE A

UNIVERSITY OF CALIFORNIA

AWARD AMOUNT..... \$5,000

MILLBERRY UNION/420 WEST

SAN FRANCISCO, CA 94143-0560

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO

TITLE: LIVING ARRANGEMENTS HEALTH AND SURVIVAL--OLDER US ADULTS

ABSTRACT:

There is little existing information about the impact of living alone on health outcomes and survival of the elderly, although the trend continues in the us for the elderly to live alone after becoming widowed.

This research will examine the impact of living arrangements and changes in living arrangements on survival over a 16-20 year period among a sample of 7955 US adults aged 45-74 at baseline; will examine the role of diet, demographic and socioeconomic factors, health status, health behaviors, social support, and psychological well-being in the relationship between living arrangements and survival. Data are from the National Health and Nutrition Examination Survey I (NHANES I), 1971-1975, and the three cycles of the NHANES I epidemiologic Followup Study (NHEFS), 1982-1984, 1986 and 1987, as well as mortality data through 1991. The five specific aims are to examine: 1) whether there are differences in the effects of living arrangements on subsequent survival by age and sex; 2) the pattern of changes in living arrangements between baseline and followup; 3; the effects of changes in living arrangements on diet, economic, status, health behaviors, social support, and psychological well-being; 4) whether there are differences in the effects of changes in living arrangements between the four surveys on survival by age, sex, and time since change; and, 5) the role of diet, socioeconomic characteristics, health status, health behaviors, social support, and psychological well-being in accounting for the association between living arrangements and survival; between changes in living arrangements and survival. Proportional hazards regression and multiple logistic regression will be used to test 12 major hypotheses. Exploratory analysis will focus on predictors of survival to age 80 years and older.

These surveys are the only nationwide longitudinal data that include information on living arrangements, nutrition, health behaviors, clinical and self-reported health status, and mortality data in the same survey. The findings will have important implications for social policy and intervention programs for improving the quality of life of the large proportion of the elderly who live alone, and for understanding which subgroups are particularly in need of intervention in order to improve survival.

PROJECT NUMBER.....5 R01 AG12268-03

INVESTIGATOR NAME/ADDRESS
DILWORTH-ANDERSON, PEGGYE
UNIVERSITY OF NORTH CAROLINA

AWARD AMOUNT..... \$304,010

GREENSBORO, NC 27412

PERFORMING ORGANIZATION: UNIVERSITY OF NORTH CAROLINA GREENSBORO

TITLE: STRUCTURE AND OUTCOMES OF CAREGIVING TO BLACK ELDERLY

ABSTRACT:

DESCRIPTION (Adapted from the Applicant's Abstract): The proposed research examines is a four year longitudinal study on the structure and outcomes of caregiving to the black elderly. A culturally sensitive conceptual framework will be used in the study that includes assumptions from systems theory and information on black extended family functioning. This conceptual framework will allow for understanding why multiple caregivers may be present in black families, the extent to which a helping network exists, and the types of social support that caregivers use in caring for elderly family members. The first aim of the study is to describe and analyze the structure of caregiving over time. This structures is expected to have multiple caregivers with numerous kin, friends, and fictive kin in the helping network. Caregivers' social support system may include family, church and formal organization. The second aim of the study is to analyze what factors are most associated with the emotional and physical health outcomes of caregiving over time. Information gathered from this study will be used to facilitate developing interventions to assist black caregivers caring for older dependent elderly blacks.

The design proposed to include at least 600 caregivers living in both urban and rural areas of North Carolina with different socioeconomic levels represented. Information from the established populations for Epidemiologic Studies of the Elderly (EPESE) will facilitate identifying elderly blacks living in five counties in North Carolina who meet the selection criteria (two or more ADLs and three or more on the Short Portable Mental Status Questionnaire) who most likely will have one for more caregivers. Analysis of findings will be at the cross-sectional and longitudinal levels involving several statistical procedures including multinomial logistic regressions, multivariate regression, and structural models.

PROJECT NUMBER.....5 R01 AG13228-02

INVESTIGATOR NAME/ADDRESS

DWYER, JEFFREY W

WAYNE STATE UNIVERSITY

AWARD AMOUNT..... \$203,119

87 E FERRY

DETROIT, MI 48202

PERFORMING ORGANIZATION: WAYNE STATE UNIVERSITY

TITLE: RECIPROCITY, FAMILY LONG TERM CARE AND ELDER WELL BEING

ABSTRACT:

DESCRIPTION (Adapted from Investigator's Abstract): The objective of the proposed research is to assess the impact of intergenerational exchanges and filial expectations on caregiver and elder outcomes in daughter caregiver/impaired elder dyads. The specific aims are to (1) refine multidimensional measures of intergenerational assistance and filial expectations, (2) fit a multiple-measure latent construct theoretical model that simultaneously estimates the direct and indirect effects of reciprocity on caregiver and elder well-being, (3) assess effects of changes in elder impairment, intergenerational exchanges and filial expectations on caregiver and elder well-being over an 18 month period, and (4) assess race and sex differences in the above processes. Data will be collected at T1 from 500 dyads of impaired elders and their primary caregiver daughters. The sample will be stratified by race and elder sex and screened from a sampling frame of 122,000 households in the Detroit MSA. Approximately 400 dyads will be reinterviewed 18 months later. This project is designed to extend previous research by (1) obtaining a sample of impaired elders and their daughter caregivers, (2) developing multidimensional measures of reciprocity and intergenerational expectations for both elders and caregivers, (3) assessing change over time in the effects of reciprocity on well-being and long-term care outcomes, and (4) exploring variability in the processes by race and sex.

FY 1997 Abstracts - OPS GRANT

PROJECT NUMBER.....5 F31 AG05752-02

INVESTIGATOR NAME/ADDRESS
FAIRCLOTH, CHRISTOPHER A

AWARD AMOUNT..... \$14,496

508 NE 4TH AVENUE APT. 7
GAINESVILLE, FL 32601

PERFORMING ORGANIZATION: UNIVERSITY OF FLORIDA
TITLE: PREDOCTORAL FELLOWSHIP PROGRAM (DISABILITY)

ABSTRACT:

This research, in the form of dissertation, will focus on the concepts of stigma and information control by those considered deviant within society. The inquiry itself will take two forms: one, narratives of those suffering from chronic illness and narratives of gay men will be gathered and analyzed using qualitative sociological research methods; secondly, an analysis and historical record of information control among deviant populations, specifically the chronically ill, will be analyzed and developed.

PROJECT NUMBER.....5 R29 AG10801-05

INVESTIGATOR NAME/ADDRESS

FREDMAN, LISA

UNIVERSITY OF MARYLAND

AWARD AMOUNT..... \$80,323

660 WEST REDWOOD ST

BALTIMORE, MD 21201

PERFORMING ORGANIZATION: UNIVERSITY OF MARYLAND BALT PROF SCHOOL
TITLE: CAREGIVERS TO THE ELDERLY--RISKS AND OUTCOMES OF STRESS

ABSTRACT:

Studies have shown that caregivers to elderly persons are stressed, but no study has assessed whether caregiving is more stressful for one caregiving situation than another, the factors that make it more stressful, or the relative risk of stress among caregivers to elderly with different caregiving needs. The proposed study will evaluate the risk factors, relative risks, and outcomes of stress among caregivers to elderly persons with dementia, frail elderly, and stroke, compared to a control group.

Patients will be recruited from clinical sites in Baltimore, MD: the Bon Jecours Hospital; the Supportive Care and Acute Rehabilitation Units at James L. Kernan Hospital; and Washington Village Medical Center (controls). Patients will be eligible if they are 55+ years, being discharged to the community, have a designated caregiver and an admission diagnosis of: dementia, conditions indicative of frail elderly, or stroke. A caregiver will be defined as a non-paid adult who is available to assist the patient to ensure that daily needs are met. Patients will be recruited consecutively until 85 patient-caregiver pairs are included in each of the 4 groups, for a total of 340 patients and 340 caregivers.

Data on patients and caregivers will be collected through interviewer-administered questionnaires. Patients and caregivers will be interviewed 4 times, at six month intervals over a 2-year period. The questionnaire contains standardized measures of stress (Perceived Stress Scale), burden (Burden Interview), depression (Geriatric Depression Scale), health and mental status, and other factors that might be associated with caregiver stress. The status of respondents who do not participate in follow-up interviews will be obtained, including mortality status, nursing home placement, and other reasons for non-participation.

Cross-sectional, multiple logistic regression, and longitudinal analyses will be performed to test hypotheses comparing the prevalence, 6- and 12- month incidence of stress (measured by the Perceived Stress Scale) in caregivers to elderly with dementia, recent stroke, and frail elderly, compared to controls. These analyses will evaluate associations between patients' caregiving needs (e.g., ADL needs and cognitive impairment), caregiver tasks (e.g., performance of ADLs, hours per day provides care), and situational factors (e.g., living arrangement, social support) with caregiver stress. Additional analyses will investigate: how caregiver stress changes, based on changes in patient caregiving needs (e.g., ADL needs, cognitive status) and caregiver tasks; and relationships among caregiver stress, burden, and depression over time. This study will lay the groundwork for methodologic and intervention studies to prevent and reduce stress and other adverse outcomes of caregiving to elderly persons.

PROJECT NUMBER.....5 R29 AG10264-04

INVESTIGATOR NAME/ADDRESS
GLICKSMAN, ALLEN
PHILADELPHIA GERIATRIC CENTER
5301 OLD YORK RD
PHILADELPHIA, PA 19141

AWARD AMOUNT..... \$123,739

PERFORMING ORGANIZATION: PHILADELPHIA GERIATRIC CTR-FRIEDMAN HOSP
TITLE: CULTURAL AND SOCIAL SOURCES OF WELL-BEING IN NORMAL AGED

ABSTRACT:

The proposed 60 month study will test the hypothesis that cultural background has a significant impact on the manner in which the normal aged respond to questions concerning their subjective well-being (SWB) because of the influence of cultural norms on value systems and affective styles. We hypothesize that cultural backgrounds carry values that help establish the criteria on which individuals base their own evaluation of SWB. We further hypothesize that these cultural traditions also carry judgments of what are appropriate and inappropriate ways to express one's affective state. A sample of 440 aged respondents stratified on cultural background, gender, and socio-economic status will be interviewed. The cultural groups selected (Protestants) represent a wide range of affective styles and life experiences. Selecting these groups allows for the effects of life experience, gender and status in American society to be taken into account in the analyses.

The instrument will contain several standard measures of SWB as well as standard measures of other domains of life that will be administered in their tradition closed format. Then a sub-set of the SWB questions will be asked as open-ended questions, allowing the respondents to describe their answer to the question and how they arrived at their answer. Probes based on hypotheses constructed to predict the patterns of answers from members of each group will be asked of every respondent. An analysis of these open-ended answers and the responses to the probes will allow the hypotheses to be tested. Additional quantitative analyses will be conducted on the data collected in the close-ended format. This study will provide important information of the manner in which answers to questions concerning SWB are constructed. Further, a better understanding of the role of culture in the respondents' construction of SWB in old age will be an outcome of this study. Since the manner in which cultural background impacts on measures of SWB has received little attention, this research will make an important contribution to our understanding not only of the SWB of the elderly but will enrich our comprehension of the scales used to measure that SWB.

PROJECT NUMBER.....2 R44 AG12620-02

INVESTIGATOR NAME/ADDRESS

INGOLDSBY, ANNE

LIFEPLANS, INC

51 SAWYER RD

WALTHAM, MA 02154

AWARD AMOUNT..... \$257,573

PERFORMING ORGANIZATION: LIFEPLANS, INC.

TITLE: AUTOMATING AND EVALUATING THE LONG TERM CARE RISK MANUAL

ABSTRACT:

The purpose of this Phase II grant application is to continue the efforts initiated in Phase I and to evaluate the performance of LifePlans' - automated Long-Term Care Risk Manual. We plan to automate all manual chapters; finalize text for current/new diagnoses, and; complete a Users Guide. Based on input from Beta-Test evaluators the prototype will be improved by adding in new Lab Value Standards and Drug Modules; expanding the medical glossary; adding search routines based on diagnostic abbreviations, and; enhancing anatomical graphic images. Finally, we will evaluate product performance in alternative market segments by assessing whether and how the software is being used; if it helps individuals to more efficiently complete risk management activities, and; if users perceive it as contributing to the quality of their work.

The automated LTC Risk Manual fills a void in the spectrum of risk and care management tools by providing easily accessible information that clarifies the link between medical diagnoses and the LTC risk. As more elders enter managed care environments, understanding this link gains importance. Enhancing providers' and insurers' ability to more effectively manage the LTC risk can lead to more efficient and stable health delivery and insurance markets.

PROPOSED COMMERCIAL APPLICATION: We have identified four initial target market segments comprised of organizations involved in the financing, prescription, and delivery of long term care services. These segments are: LTC insurers, HMOs, physician groups, and LTC service providers including care management organizations. Already, six major insurers and one HMO have expressed an interest in integrating the completed product into their risk management process.

PROJECT NUMBER.....5 R01 AG11294-05

INVESTIGATOR NAME/ADDRESS
JOHN, KENNETH R
CENTER FOR STUDIES ON AGING
P O BOX 13438
DENTON, TX 76203-3428

AWARD AMOUNT..... \$177,406

PERFORMING ORGANIZATION: UNIVERSITY OF NORTH TEXAS
TITLE: NAVAJO NATION COMPREHENSIVE LONG-TERM CARE STUDY

ABSTRACT:

Using existing and newly developed data, this study will investigate the longterm care status of Navajo elders age 60 years and older. The study builds on existing comprehensive multi-functional assessments data from a random sample of 1,040 community-resident Navajo elders that has been collected during pilot research.

There are two stages, and multiple objectives, to the proposed research. In Stage 1, existing data will be analyzed to: 1) describe patterns of medical and social service use; 2) determine the correlates of use/non-use for specific services; and 3) identify elders in caregiving and dependent situations . To understand the factors influencing use, the Navajo Nation will conduct an inventory and evaluation of the medical and social service environment that will be matched with data obtained from elders. The service environment information is necessary so that lack of service availability and accessibility can be considered when analyzing and interpreting the patterns of service use.

In Stage 2, additional data will be collected to address three issues critical to policy and planning: 1) identifying barriers (both structural and psychological) to the use of medical and social services; 2) describing the role of the primary caregiver in the decision to use and access support services; and 3) identifying the important characteristics leading to institutionalization of dependent elders. The additional information will be collected from the primary caregiver of the elder (whose identity is available in the pilot project data). Thus, the two data sets will be explicitly linked. Interviews with caregivers will also provide detailed information about the perceptions and attitudes toward caregiving, caregiver burden, and salient and problematic aspects of the caregiving situation.

The general framework for the research issues and hypotheses that will be investigated are primarily derived from gerontological research on non-Indian populations. Many of these questions will address whether the American Indian elderly population is different from populations on which most gerontological research has been conducted. Where possible, hypotheses and research questions have "been derived from the American Indian aging research literature. Questions and hypotheses will answer whether the Navajo elderly are different from other American Indian elders.

PROJECT NUMBER.....5 R37 AG06559-08

INVESTIGATOR NAME/ADDRESS

JOHNSON, COLLEEN L

UNIVERSITY OF CALIFORNIA

1350 7TH AVE, CSBS-317

SAN FRANCISCO, CA 94143-0850

AWARD AMOUNT..... \$224,415

PERFORMING ORGANIZATION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO
TITLE: SOCIAL WORLD OF THE OLDEST OLD

ABSTRACT:

The purpose of this research is to diversity in the extended families of middle aged and older Black Americans. Specifically, the objectives are: 1) to explore definitions of family, the criteria for membership, and the norms of responsibility and exchange; 2) to identify variations in the structure and functioning of extended families on the basis of age, gender, and generation status; and 3) to identify, the pressures and vulnerabilities of urban living that are affecting the middle-aged and older generations. These include variations in socioeconomic status, the effects of residence in age-segregated housing on family integration, and the age-based problems the respondents report. Health, functioning and mood are examined for possible relationships to family integration.

The methods of investigation includes the focused interview approach that combines both qualitative and quantitative data collection technique. The study will used the ethnographic methods and kinship theories from anthropology to explore the basis of family diversity and identify internal family processes not readily discernible in large-scale surveys. In addition to case study analyses, bivariate statistics will be used where relevant to identify significant relationships and differences among variables. In Phase One of the research, a sample of 160 blacks will be drawn from public voting rolls, with eighty being ages 45-64 and 80 being 65 years and older. Half will be female and half male. The findings from focused interviewing will elicit information on their extended family that be used to construct a typology reflecting family diversity. In Phase Two, 40 families will be selected on the basis of representing diverse family types. On the basis of our research on black 85 years and older, we expected these types will range from multifunctional extended families to attenuated families with few or no ongoing family relationships.

PROJECT NUMBER.....5 K07 AG00622-03

INVESTIGATOR NAME/ADDRESS

KANE, ROBERT L

UNIVERSITY OF MINNESOTA

420 DELAWARE ST SE BOX 197

MINNEAPOLIS, MN 55455

AWARD AMOUNT..... \$92,504

PERFORMING ORGANIZATION: UNIVERSITY OF MINNESOTA TWIN CITIES
TITLE: GERIATRIC LEADERSHIP ACADEMIC AWARDS

ABSTRACT:

This leadership award is designed to improve research and teaching about aging at the University of Minnesota. Specifically, the award will be used to:

1. strengthen the training of graduate research in aging, especially long-term care by:
 - developing an annual roster of faculty across the university who are working on aging research
 - compiling a set of data tapes from national studies on aging
 - offering small grants to students to support their work on aging research projects
 - offering a seminar on research methods in aging
2. support the development of junior faculty in the Medical School, the School of Nursing, and the School of Public Health who want to develop research skills around clinical and health services aging issues by:
 - providing formal post-doctoral training for those interested in acquiring health services research or clinical epidemiological skills
 - providing a program of formal mentoring for those who are ready to launch their research careers
3. improve the graduate gerontology courses available on aging across the campus by stimulating the development of new courses and the coordinating existing ones
4. develop a multidisciplinary Long-term Care Research Institute. Areas of special emphasis will be around the interface of acute and long-term care (LTC), including discharge planning from both hospitals and nursing homes, the delivery of primary care to persons receiving LTC, improving decision-making for both professionals and consumers, and developing new forms of LTC that achieve the goals for such care originally envisioned before they were codified by regulation.
5. strengthen the teaching of clinical students in medicine and nursing about aging issues including promoting opportunities for joint clinical geriatrics experiences.

PROJECT NUMBER.....5 F32 AG05727-02

INVESTIGATOR NAME/ADDRESS

LEVY, BECCA R

AWARD AMOUNT..... \$28,600

35 BUENA VISTA PARK

CAMBRIDGE, MA 02140

PERFORMING ORGANIZATION: HARVARD UNIVERSITY

TITLE: SOCIOCULTURAL INFLUENCES ON AFRICAN AMERICAN LONGEVITY

ABSTRACT:

The proposed research will examine the hypothesis that cultural beliefs and practices of African American elderly contribute to their health and longevity. The research will focus on four cultural factors: 1) positive views of aging; 2) religiosity; 3) extended support networks; and 4) folk medicine. These beliefs and practices are more prevalent among African American than White elderly and seem to increase with age. The proposed study will focus on how these four factors interact and whether they influence certain health factors associated with longevity.

The first nine months of the project will consist of research training related to geriatric health research, medical anthropology and African American studies. Then two longitudinal studies of African American elderly, one qualitative and one quantitative, will begin. In the qualitative study 15 African American elderly informants will be visited and observed regularly over two years. In the quantitative study, information about health functioning and specific cultural beliefs and practices will be gathered three times over two years from 80 African American elderly. It is expected that the qualitative and quantitative research will inform each other. The proposed research aims to formulate a model of aging that considers some of the indigenous resources of African Americans and gather data for a study, which would be conducted after the post-doctoral fellowship, that examines whether cultural factors contribute to the racial crossover phenomenon.

PROJECT NUMBER.....3 R01 AG10939-05S1

INVESTIGATOR NAME/ADDRESS
MARKIDES, KYRIAKOS S
UNIV OF TEXAS MEDICAL BRANCH
301 UNIVERSITY BLVD
GALVESTON, TX 77555

AWARD AMOUNT..... \$25,000

PERFORMING ORGANIZATION: UNIVERSITY OF TEXAS MEDICAL BR GALVESTON
TITLE: LONGITUDINAL STUDY OF MEXICAN AMERICAN ELDERLY HEALTH

ABSTRACT:

This application seeks funds to conduct a large longitudinal study of a representative sample of at least 3,000 Mexican Americans aged 65 and over residing in the Southwestern United States. The proposed study aims at generating data on physical and mental health comparable to those obtained by other large-scale epidemiologic studies of the elderly, most notably the EPESE. We hope, thus, to estimate prevalence of key physical health conditions, mental health conditions, and functional impairments in Mexican American elderly and compare this prevalence with that in African American and Anglo American elderly. We also plan to investigate predictors of physical and mental health, both cross-sectionally and longitudinally (over two years). Predictors examined include, formal and informal social supports, psychological resources, sociodemographic factors, health behaviors, migration history, acculturation, stressful life circumstances, and access to health care. In addition to predicting health and mental health over time, we plan to investigate predictors of mortality, changes in health behaviors, and changes in social networks and living arrangements.

The sample will be drawn using area probability sampling procedures to represent Mexican American elderly in the five southwestern states. Subjects will be interviewed in their homes. In addition, trained interviewers will obtain limited anthropometric measures, blood pressures, and performance based assessments of physical functioning.

The proposed joint effort by three universities is the first large-scale study of the health of Mexican American elderly and will go a long way towards generating the knowledge necessary for addressing this growing population's health care needs.

FY 1997 Abstracts - OPS GRANT

PROJECT NUMBER.....5 R01 AG11143-06

INVESTIGATOR NAME/ADDRESS
MC CORMICK, WAYNE C
HARBORVIEW MEDICAL CENTER
325 NINTH AVE, BOX 359755
SEATTLE, WA 98104-2499

AWARD AMOUNT..... \$244,066

PERFORMING ORGANIZATION: UNIVERSITY OF WASHINGTON
TITLE: LONG TERM CARE UTILIZATION IN JAPANESE AMERICANS

ABSTRACT:

DESCRIPTION (Adapted from Investigator's Abstract): The purpose of this study is to follow a cohort of 1,330 Japanese Americans to assess factors relating to their decision to enter a nursing home should they become disabled. The use of assisted living programs as well as formal (paid) home care services will be evaluated as well. The study team will try to assess whether actual nursing home use is related to previously stated preferences and attitudes; if preferences and attitudes toward nursing home placement change over time; and how these preferences and attitudes compare to those held by non-minority elders. In addition to data on preferences and attitudes, a range of factors including cognition, family support structure, and physical health will also be assessed to see if they are related to nursing home utilization. Both quantitative and qualitative methodologies will be utilized to help answer these questions.

PROJECT NUMBER.....5 R37 AG07182-10

INVESTIGATOR NAME/ADDRESS
MC KINLAY, JOHN B
NEW ENGLAND RESEARCH INST INC.
9 GALEN STREET
WATERTOWN, MA 02172

AWARD AMOUNT..... \$230,659

PERFORMING ORGANIZATION: NEW ENGLAND RESEARCH INSTITUTES, INC.
TITLE: PATHWAYS TO SUCCESSFUL CAREGIVING FOR FRAIL OLDER PERSON

ABSTRACT:

At least three developments motivate the proposed longitudinal study of frail older persons and their informal caregivers: (1) the continued, rapid expansion of the older adult population, especially the oldest-old; (2) the lack of longitudinal studies examining the development and course of informal caregiving in relation to the older person's changing functional health status; and (3) the usefulness of social network concepts in studying this social phenomenon.

The investigators propose a carefully designed five-year study of persons aged 70 and over and their informal caregivers. A mixed mode approach to data gathering will involve three stages: (1) screening and subsequent monitoring by mail of non-frail older persons in the community; (2) surveys (telephone and in-person) of frail older persons; and (3) surveys (telephone and in-person) of a primary informal caregiver as identified by the older person. Based on a recently completed cross-sectional study, the proposed longitudinal study will involve approximately 3400 non-frail individuals, 635 frail individuals and 429 informal caregivers at the outset.

The study will yield a wealth of descriptive and epidemiological data on the characteristics of these groups of older persons (permitting comparisons of the very old and the oldest-old), their caregiving networks, and their receipt of informal care and/or formal services. These data can be used to inform health and social policy to facilitate development of formal services to complement and support, not duplicate or replace, informal care.

PROJECT NUMBER.....1 K08 AG00822-01

INVESTIGATOR NAME/ADDRESS

MOUTON, CHARLES P

UNIV OF TEXAS HLTH SCI CTR AT

7703 FLOYD CURL DRIVE

SAN ANTONIO, TX 78284-7795

AWARD AMOUNT..... \$88,458

PERFORMING ORGANIZATION: UNIV OF TEXAS HLTH/SCI CTR AT SA

TITLE: IMPACT OF DOMESTIC VIOLENCE ON HEALTH OF OLDER WOMEN

ABSTRACT:

According to the applicant, with over 8-12 million women of all ages at risk, domestic violence (DV) is a major problem in the U.S. An estimated 1.5-2 million older persons annually are victims of DV, most of whom are older women. While studies have been done on the psychological effects and physical systems associated with DV, little research has been done on its overall health effects. Also, the long-term effects of abuse on the health of older women is largely unknown. The goal of the proposed project is to determine the effect of DV on the health status of postmenopausal women 50-79 years of age. To achieve this aim, the applicant plans to determine the baseline prevalence of DV in t his cohort and examine the association of DV on the overall health status in women. He will also examine the effect of DV on the mortality from cardiovascular disease. To examine the effects of DV on health status, the Medical Outcomes Study Short Form 36 (SF-36) scores will be compared for those exposed to DV with those who were not.

PROJECT NUMBER.....5 R29 AG11564-04

INVESTIGATOR NAME/ADDRESS

PAVALKO, ELIZA K

INDIANA UNIVERSITY

AWARD AMOUNT..... \$126,759

BLOOMINGTON, IN 47405

PERFORMING ORGANIZATION: INDIANA UNIVERSITY BLOOMINGTON

TITLE: WORK AND HEALTH AMONG WOMEN IN MIDLIFE AND BEYOND

ABSTRACT:

In recent years researchers and policy-makers have become increasingly concerned about the paucity of information on women's health. One area that is especially important is the health effects of work for women, particularly since women continue to move into the labor force in increasing numbers. Unfortunately, estimating the health effects of employment have proved to be difficult, primarily because much of the complexity of women's worklives has yet to be examined. The primary objective of the proposed research is to develop more realistic models of women's worklives and to understand the causal relationship between work and the physical and emotional health of mid-life women. The study is divided into two stages. The first stage addresses the effects of health, working conditions and fringe benefits, unpaid work, and family roles on subsequent patterns of paid and unpaid work. The second stage builds on the first to examine the effects of baseline characteristics and work patterns on health. Comparisons will be made between Black and White women throughout the study.

The National Longitudinal Survey of Mature Women (NLS) will be used to address these issues. The NLS is a nationally representative sample examining the labor market experience of over 5,000 women. The original sample was selected in 1967 and subjects have been re-interviewed approximately every two years. Baseline measures of health, working conditions, unpaid work and family roles will be obtained from the 1982 survey, when the women were-between 45 and 59 years old. Patterns of paid and unpaid work will be examined from 1982 to 1989, and physical and emotional health will be assessed in 1989. As of 1989, approximately 3100 women remained in the study, ranging from 52 to 66 years of age. Several dependent variables are proposed and analytic methods include logistic regression, Poisson regression for count data, and simultaneous equation modeling. Assessment and correction for any sample selection bias will be addressed throughout the proposed study.

PROJECT NUMBER.....1 R01 AG14412-01

INVESTIGATOR NAME/ADDRESS
PAVEZA, GREGORY J
UNIVERSITY OF SOUTH FLORIDA
13301 BRUCE DOWNS, MHC7-2
TAMPA, FL 33612-3899

AWARD AMOUNT..... \$232,224

PERFORMING ORGANIZATION: UNIVERSITY OF SOUTH FLORIDA
TITLE: AGGRESSION AND VIOLENCE IN COMMUNITY BASED AD FAMILIES

ABSTRACT:

DESCRIPTION (Adapted from applicant's abstract): Three years of support are requested to conduct an epidemiologic retrospective study of Alzheimer families to identify individual, family and interactive factors that are associated with changes in conflict resolution, including the development of aggressive and violent behavior among individuals with AD, and family members providing care to those persons. In addition to describing antecedent factors and conditions of these behaviors, the proposed research will concentrate and define factors that place both caregivers and AD patients at risk for the more severe forms of violent behavior as well as those factors that prohibit the development of the more severe forms of violence.

The proposed research plan has four specific aims: (1) to describe how changes in conflict resolution occur in Alzheimer families with the progression of AD; (2) to determine specific rates of occurrence for various forms of conflict resolution, with an emphasis on the rates of aggressive, violent, and severely violent behavior; (3) to determine specific patient and caregiver characteristics that place families at risk for aggression and violence; (4) to specify characteristics that tend to prohibit the development of violence or aggression in families caring for a member with AD.

Patient and caregiver participants for the proposed project will be solicited from six of the Memory Disorder Clinics funded through the State of Florida's Alzheimer Disease Initiative and will include all persons (and designated caregivers) diagnosed with AD according to NINCDS/ADRDA criteria or a diagnosis of Primary Degenerative Dementia of the Alzheimer's Type according to DSM-III-R or Dementia of the Alzheimer's Type according to DSM-IV or with mixed AD and vascular dementia, with an initial diagnosis of AD or mixed AD made at least one year prior to being contacted for the study. Data on 1,500 families will be collected using a 1) Caregiver Mailed Questionnaire designed to collect basic information about the family's demographics, the caregiver's experience with the caregiving role, and perceptions of the care-recipient's behavior; 2) Caregiver Face-to-Face Interview designed to obtain additional information about the caregiver including sensitive information about aggression and abuse; and 3) Patient Face-to-Face Interview designed to obtain information about the patients' own perceptions of their functioning levels of aggression and abuse in the caregiving relationship. Data analytic techniques are designed to address the specific aims of this research. Analytic methods will include path analysis, discriminate function analysis, and multiple logistic regression. These techniques will allow us to determine the characteristics that are both risk and protective factors for aggressive and violent behavior in families caring for members with AD.

PROJECT NUMBER.....5 R01 AG11041-03

INVESTIGATOR NAME/ADDRESS

PRUCHNO, RACHEL A
BRADLEY UNIVERSITY

AWARD AMOUNT..... \$380,215

1501 W BRADLEY AVENUE
PEORIA, IL 61625

PERFORMING ORGANIZATION: BRADLEY UNIVERSITY

TITLE: PSYCHOLOGICAL WELL BEING OF CORESIDENT GRANDPARENTS

ABSTRACT:

This research proposes a cross-sectional examination of the impact which living with young grandchildren has on the psychological well-being of Black and White grandparents. It would be among the first research studies to explore the role of the grandparent when grandparent and grandchild share a household as well as the effects which variations in the grandparent role have on the psychological well-being of grandparents. Grounded in a theory of family stress, the study would examine the ways in which stressors, resources, and subjective perceptions impact psychological well-being, and the moderating effects which race has on these relationships. Identification of grandparents at risk for psychological problems as well as strategies for intervention which could alleviate or mitigate these problems would result. The specific aims of the three year study are to: (1) Explore the effects which living with and providing care to young grandchildren have on the psychological well-being of grandparents; (2) Build and test the explanatory power of a model in which stressors, resources, and subjective perceptions predict why some grandparents experience problems with psychological well-being while others thrive; 3) Examine the moderating effects which race (Black, White) has on the relationships between stressors, resources perceptions, and psychological well-being of grandparents, (4) Understand the insight which grandparents have about the personal meaning of their experience as grandparent; and (5) Develop a database of 700 grandparents living with grandchildren for use in future studies of the long term effects of multi-generational living on both grandparents and grandchildren.

The design proposes to include 700 grandparents living with at least one elemental school-aged grandchild. Half the sample would be Black, half would be White. Inclusion of an additional sample of 175 grandparents who are not living with grandchildren, selected randomly from lists generated to include eligible people, and matched by variables known to be associated with psychological well-being would provide the ability to directly examine the effects which living with and providing varying levels of assistance to grandchildren have on grandparent's level of psychological well-being.

PROJECT NUMBER.....5 R01 AG09388-05

INVESTIGATOR NAME/ADDRESS

SELTZER, MARSHA M

UNIVERSITY OF WISCONSIN

1500 HIGHLAND AVE

MADISON, WI 53705

AWARD AMOUNT..... \$175,961

PERFORMING ORGANIZATION: UNIVERSITY OF WISCONSIN MADISON

TITLE: CAREGIVING IMPACT--DURATION AND RELATIONSHIP EFFECTS

ABSTRACT:

While past research has conceptualized caregiving as a static phenomenon, it is a dynamic process with differential impacts depending on the duration of caregiving and the generational relationship between caregiver and care recipient. The proposed longitudinal study examines caregiving in the context of the developmental consequences of nonnormative events, of which caregiving is an example. We will investigate the caregiving experiences and the impact of caregiving on the subsequent development of adult daughters and wives of older persons over a three year period. Both the effect of generational relationship and duration of caregiving on the well-being of older women will be examined using a probability sample consisting of 400 caregivers and 200 women on the same age who have no caregiving responsibility.

Five research questions are addressed: 1) How does duration of caregiving moderate the impact of caregiving? 2) How does the generational relationship between the caregiver and the care recipient moderate the impact of caregiving? 3) What are the differences between caregivers and noncaregivers in changes in the dependent variables during the 36 month study period? 4) What are the impacts of changes in psychological resources, formal and informal support networks, other caregiving responsibilities, employment status, and level of care recipient's dependency on changes in the caregiver's well-being? and 5) What factors are predictive of mortality and changes in the residential arrangements of the care recipient across and within study groups? Specific hypotheses regarding each of these research questions are examined using three data analytic strategies: MANOVA with repeated measures to assess differences in group means, interaction effects and trends in group means over time; 2) structural equation modeling with LISREL to estimate stability over time in the dependent measures, and the factors that predict change in the prospective models; and 3) event history analysis to model change in residential status of the care recipient over the course of the study.

PROJECT NUMBER.....5 R01 AG08768-08

INVESTIGATOR NAME/ADDRESS

SELTZER, MARSHA M

UNIVERSITY OF WISCONSIN

1500 HIGHLAND AVE

MADISON, WI 53705

AWARD AMOUNT..... \$391,943

PERFORMING ORGANIZATION: UNIVERSITY OF WISCONSIN MADISON

TITLE: AGING MOTHERS OF DISABLED ADULTS--IMPACTS OF CAREGIVING

ABSTRACT:

This application seeks support for the continuation (Years 6-10) of our longitudinal study of 461 aging families who have an adult son or daughter with mental retardation. In Phase I (Years 1-5), contrary to our hypotheses, we discovered unexpectedly favorable levels of personal well-being in the mothers, an absence of elevated levels of family distress, and a pattern of effective adaptation and accommodation to the needs of a family member with lifelong disabilities. However, the transition from maternal to non-maternal care is fraught with complexity for the mothers, particularly related to the loss of the central parenting role. Preliminary analyses of these data, based on the small number of cases who have placed thus far, suggest that the catalytic factors which propel placement and the protective factors which forestall it warrant continued longitudinal investigation.

Four waves of data have been collected during Phase I. A supplement to our current award to support a fifth wave of data collection during the final year of the current project period has received full funding. This new application will support Waves 6, 7, and 8, resulting in a full data set of 8 waves over a 10-year period. The methodology proposed for Phase II is consistent with that used successfully during Phase I. We will conduct in-person interviews with mothers and fathers at 18 month intervals, and a mailed survey of adult siblings of the person with retardation. The project will yield an unusually rich and complex data set, with respect to repeated waves of data collection, the number of participating families, the availability of multiple respondents in each family, and of a duration necessary to observe short-term and long-term changes in adults with retardation and their families.

By the end of Phase II, we estimate that at least 200 of the 461 families will have experienced the transition from maternal to non-maternal care, a sufficiently large number to model the dynamics of changes that accompany old age in families of adults with retardation. To this end, the proposed study examines (1) the antecedents and consequences of the transition to non-parental caregiving, (2) the effects of lifelong caregiving on the family as a unit and on each individual, and (3) the influence of normative life stressors on caregiving capacities within the family.

PROJECT NUMBER.....5 R29 AG13237-03

INVESTIGATOR NAME/ADDRESS
SILVERSTEIN, MERRIL
UNIV OF SOUTHERN CALIFORNIA
3715 MCCLINTOCK
LOS ANGELES, CA 90089-0191

AWARD AMOUNT..... \$96,212

PERFORMING ORGANIZATION: UNIVERSITY OF SOUTHERN CALIFORNIA
TITLE: GRANDPARENT/ADULT GRANDCHILD RELATIONS & PSYCHOLOGICAL WELL
BEING

ABSTRACT:

The purpose of this research is to investigate the structure, antecedents and consequences of the relationships between grandparents and their adolescent/adult grandchildren. Due to dramatic increases in longevity over the last Century, it has become more likely that a parent will eventually become a grandparent and survive long enough to have long-term relationships with grandchildren. Yet, we know relatively little about this important intergenerational adult relationship.

The goals of the study can be summarized as follows: 1) to identify and describe the range of styles that grandparent-grandchild relationships have in the contemporary family, 2) to examine sources of diversity in grandparent-grandchild relationships, including those related to ethnicity, gender, health and marital status, and the mediating role played by the parental generation, 3) to describe cultural differences in grandparent-grandchild relationships across Mexican-American and Anglo families, 4) to investigate continuity and change in grandparent-grandchild relations over historical time and over the life-cycle, especially change that occurs following the transition of the grandchild to adulthood, and 5) to investigate the consequences of grandparent-grandparent relationships and role salience for the psychological well-being of both generations.

This study will analyze data from two family research projects that surveyed members of three generation families over multiple panels, and data from a national survey of intergenerational relations. These projects are: the USC Longitudinal Study of Generations which surveyed respondents over 23 years, and the University of Texas Study of Three Generation Mexican-American Families which surveyed respondents over 11 years. The study will also analyze data from the 1990 AARP Study of Intergenerational Linkages. As a component of the proposed study, grandparents and grandchildren who participated in the 1990 AARP survey will be traced and surveyed again in 1996. This will provide, for the first time, an opportunity to investigate transitions in grandparent-grandchild relations using nationally representative data.

Latent class analysis will be used to identify the underlying types of grandparent-grandchild relations, and latent transition analysis will be used to examine changes in relational types over time. The influence of grandparent-grandchild relations on longitudinal changes in psychological well-being will be tested, both as a direct effect, and in conjunction with role salience and acculturation. This research will yield important information about the causes of diversity and change in grandparent-grandchild relationships within Hispanic, non-Hispanic and nationally representative families, and the consequences of these relationship for psychological well-being.

PROJECT NUMBER.....5 R01 AG11906-04

INVESTIGATOR NAME/ADDRESS

STEPHENS, MARY A

KENT STATE UNIVERSITY

AWARD AMOUNT..... \$212,931

KENT, OH 44242

PERFORMING ORGANIZATION: KENT STATE UNIVERSITY AT KENT

TITLE: MULTIPLE ROLES OF MIDDLE GENERATION CAREGIVING WOMEN

ABSTRACT:

It is often assumed that the multiple roles of women who are mothers, wives, and employees, in addition to being primary caregivers to older relatives, compete for their time and energy, making these women vulnerable. The proposed research examines the nature and impact of these multiple roles in addition to the role of caregiver. The overall objectives are to examine (1) how well middle generation women (those aged 35 to 55) who simultaneously occupy the roles of primary caregiver to a parent or parent-in-law, mother to at least one child residing at home, wife, and employee adapt to the demands of these multiple roles, and (2) how these roles separately, and in combination, influence women's psychological, social, and physical well-being over time. The specific aims of this research are: 1) To examine whether stress associated with each of these roles independently affects women's well-being, whether support within each role modifies role stress, and whether these role-specific processes are mediated by a sense of mastery associated with a given role; 2) To examine whether stress and support processes occurring in the mother, wife and employee roles "spillover" (either positively or negatively) to affect the caregiver role; 3) To examine whether well-being changes over time as a function of both role-specific and multiple role stress and support, and whether these changes are mediated by role mastery; 4) To examine the short-term and long-term antecedents and consequences of changes in role constellations. Role support (both positive and negative support received within a role) is hypothesized to moderate the effects of role stress (the relative amounts of problems and rewards within a role) on well-being. Role mastery (the extent to which events within a role are perceived as being within one's control) is hypothesized as a mediator in the stress, support and well-being relationship. Role losses are hypothesized to be a function of prior role stress, support, mastery, and well-being. The consequences of role changes (both losses and gains) are examined in terms of the voluntary nature of the change, the type of role or roles that change, and the prior quality of the role or roles that change. The proposed study uses a three-wave, two-year panel survey design. A purposive sample of 280 women will be interviewed in-person three times at twelve-month intervals. Ordinary-least squares multiple regression path analysis will be the primary statistical technique used.

PROJECT NUMBER.....5 R01 AG10791-03

INVESTIGATOR NAME/ADDRESS
STOLLER, ELEANOR P
UNIVERSITY OF FLORIDA

AWARD AMOUNT..... \$134,664

GAINESVILLE, FL 32610-0177

PERFORMING ORGANIZATION: UNIVERSITY OF FLORIDA

TITLE: ETHNICITY IN HELPING NETWORKS--STUDY OF RETIRED MIGRANTS

ABSTRACT:

This proposal describes the first phase of a longitudinal project exploring the role of ethnicity in the support networks of older people who have migrated to Florida after retirement. The importance of family in assisting older people living in community settings raises questions about the informal support networks of older people who migrate to Sunbelt retirement communities. Analysis of migration patterns suggests that deteriorating health motivates some older people to return to their communities of origin to bolster the resources available to meet their expanding needs. Return migration, however, is not the only strategy available for coping with increased frailty. Older people may instead seek to activate informal support systems in the new community. The proposed project will examine the role of shared ethnicity in generating patterns of mutual assistance within a Sunbelt retirement community.

The proposed project will use survey research methods to gather data from retired Sunbelt migrants and from older people who age in place. To isolate the effects of particular dimensions of ethnicity and to separate the impact of ethnic identity from minority status, the research will involve a study of one European-American ethnic group. Data will be gathered from probability samples of (1) elderly Finnish-Americans who moved to Lake Worth/Lantana, Florida, after they retired and comparison groups of; 2) retired European-Americans who migrated to the same community but who are not part of an ethnic enclave; (3) retired Finnish-Americans who continue to live in the same age-integrated community Minnesota; and (4) retired European-Americans who continue to live in the same age-integrated community. The Finnish communities in both cities are residentially scattered but linked by formal organizations and informal friendship patterns. Studying a European-American ethnic group will provide insights into the meaning of ethnicity in the lives of people for whom ethnicity is an option rather than an ascribed characteristic. Many European ethnic groups have maintained cultural distinctiveness despite acculturation into the dominant society, but little is known about the ways in which this distinctiveness affects the experience of aging, particularly among second-generation elderly. The conclusions of this study can be applied to other European-American groups, especially to those whose major period of immigration was between 1880-1920 and whose elderly populations include large numbers of second-generation ethnics.

The project described in this application will provide baseline data from which a follow-up study will assess the impact of ethnic concentration within helping networks and ethnic identification on the probability of return migration among these elderly Sunbelt migrants. This first phase, however, also stands on its own as a study of the role of ethnicity in the support networks of older migrants.

PROJECT NUMBER.....1 R01 AG13180-01A2

INVESTIGATOR NAME/ADDRESS

SZINOVACZ, MAXIMILIANE E

OLD DOM. U. RES. FOUND.

1833 LONGDALE DR

NORFOLK, VA 23518

AWARD AMOUNT..... \$98,521

PERFORMING ORGANIZATION: OLD DOMINION UNIVERSITY

TITLE: MARRIAGE, FAMILIES, AND RETIREMENT

ABSTRACT:

The proposed research focuses on interconnections between marriage, families, and retirement and proceeds from the assumption that individuals' experiences in the work and family spheres are closely linked throughout the life course, and that sociocultural and temporal context (i.e, gender, race, occupation, marital status, age) define the meaning contest of the retirement experience. It addresses the following research questions: (1) How do marital relationship characteristics affect retirement decisions? Do these effects differ by gender, race, occupation? (2) How do kin relationships and events affect retirement decisions? Do these effects vary by gender, race, occupation, and marital status? (3) How does retirement affect the marital relationship? Do such effects vary by gender, occupation, and age? (4) How does retirement affect kin relationships? Do such effects vary by gender, race, occupation, marital status, and age? Analyses will be based on panel data from waves 1 and 2 of the National Survey of Families and Households. Proportional hazard models will be used to assess predictors of couples' and individuals' labor force exits (or self-defined retirement). LISREL models and logistic regressions will be used to explore effects of retirement on marital quality and kin relationships. The project overcomes several limitations of past research: it relies on a large, nationally representative and longitudinal data set; it uses a dyadic approach and includes characteristics and relevant attitudes of both spouses as well as marital and family relationship characteristics; and it examines variations in the predictors of retirement decisions and postretirement marital quality and kin contacts by gender, race, occupation, marital status, and age. It also has practical relevance for marriage and retirement preparation counselors as well as for retirement planners and policy makers concerned with potential impacts of Social Security and pension eligibility rules and of early retirement incentive programs on marriages and families. The investigation's health implications derive from the established relationships between physical health, mental health, and marital quality as well as kin supports.

PROJECT NUMBER.....1 R43 AG14615-01

INVESTIGATOR NAME/ADDRESS

THOMAS, RICHARD K

MEDICAL SERVICES RES GROUP INC

1407 UNION AVE, SUITE 200

MEMPHIS, TN 38104

AWARD AMOUNT..... \$99,910

PERFORMING ORGANIZATION: MEDICAL SERVICES RESEARCH GROUP

TITLE: ELDER SERVICES DECISION SUPPORT SYSTEM

ABSTRACT:

As the elderly population has continued to grow in numbers and diversity, its service needs have grown more numerous and more complex. Public sector planners face a mounting challenge in determining appropriate services for an increasingly diverse population. Private sector developers possess the precise mechanism for assessing demand for their services for particular populations of elderly. This phase I application proposes a feasibility study of the development of an automated system for planning elder services. Referred to as an elder services decision support system incorporation of the databases into a software application, and development of analytical functions for assessing the various service needs for specific populations of older Americans. The ES/DSS would profile a targeted elderly population, assess the type and level of needs, and indicate the most appropriate service models for meeting these needs. The applicant organization anticipates significant opportunities for the sale of the proposed ES/DSS system to both public and private sector entities. Those without need for a full-scale installation could gain access to the ES/DSS through annual subscriptions, usage fees or some other mechanism.

PROPOSED COMMERCIAL APPLICATION: The proposed elder services decision support system has considerable potential for commercial applications in both the public and private sectors. Public agencies planning elder services must be able to make informed decisions on locating limited funds for senior services. Private sector developers need to determine the types of services required by particular elderly populations and/or test the feasibility of proposed service models on target populations. The system could be sold as a stand-alone application, purchased on a subscription basis, or accessed via the Internet.

PROJECT NUMBER.....5 R29 AG09777-05

INVESTIGATOR NAME/ADDRESS
WALLSTEN, SHARON M
DUKE UNIVERSITY MEDICAL CENTER
BOX 3322
DURHAM, NC 27710

AWARD AMOUNT..... \$103,423

PERFORMING ORGANIZATION: DUKE UNIVERSITY
TITLE: ELDERLY CAREGIVERS, CARE RECEIVERS AND THEIR INTERACTION

ABSTRACT:

The major aims of the project are: (1) to compare cross-sectionally the psychological well-being of caregivers and noncaregivers as a function of income and race, (2) to follow longitudinally spousal caregivers and care-receivers over three years and compare them as a function of income, race, and caregiver gender with regard to patterns of dyadic interactions, as well as specific caregiver and care-receiver variables, and (3) to investigate their social supports as a function of these same variables.

Data will be collected in respondents' homes from both noncaregivers and caregiving and care-receiving dyads at Time 1 and then twice again from the dyads at 1.5 year intervals. Questionnaires will be administered and other assessments made of all respondents at each point in time. In addition, caregiver care-receiver interactions will be videotaped.

This research employs several new approaches. It obtains objective as well subjective physical health measures of caregivers, assesses chronic problems of patients as well as IADLs and ADLs, includes a noncaregiving comparison group, and uses a measure of daily stress that applies to both caregivers and noncaregivers. Moreover, the three wave longitudinal design enables the investigation of change over time. In addition, the research looks directly at caregiver-carereceiver interactions by means of videotapes.

This project will provide an understanding of problems and difficulties of elderly caregivers who are poor or more affluent, black or white, and male and female. Moreover, certain instruments and methods employed throughout the study may eventually be appropriate as diagnostic aids in evaluating problems in dyadic interactions or in other factors that could be modified to ease the burden of caregiving. Results from this project will be relevant to intervention programs to aid elderly caregivers and care-receivers in the home setting.

PROJECT NUMBER.....1 R01 AG15321-01

INVESTIGATOR NAME/ADDRESS
WILLIAMSON, GAIL M
UNIVERSITY OF GEORGIA

AWARD AMOUNT..... \$335,064

ATHENS, GA 30602-3013

PERFORMING ORGANIZATION: UNIVERSITY OF GEORGIA

TITLE: CAREGIVER MENTAL HEALTH IMPAIRMENT--IMPACT ON ELDER CARE

ABSTRACT:

DESCRIPTION (Adapted from applicant's abstract): A 3-site longitudinal study is proposed in which the impact of caregiver mental health on the quality of care providers to elderly family members will be examined. Existing research indicated that substantial percentages of caregivers are emotionally distressed by the caregiving experience in terms of depressive symptomatology. Categories of data to be collected include predisposing factors (e.g., care recipient impairment, caregiver physical health and personal resources, exogenous life events), caregiver mental health status (depression, anger, anxiety, and cognitive impairment), and quality of care outcomes (operationalized as physical and psychological abuse and neglect and/or financial exploitation). The applicants hypothesize that caregiver mental health factors will mediate associations between predisposing factors and quality of care. It is also predicted that caregiver cognitive impairment will have both direct and moderating effects (through respects of caregiver mental health) on quality of care.

Multisample analysis of covariance structures will assess measurement equivalency between caregivers and care recipients. Structural equations modeling (SEM) will be employed: a) at each measurement point for testing, refinement, and cross-validation of the proposed model, and b) to assess predictive relationships between the model's components. SEM-based Hierarchical Linear Modeling (HLM) and latent growth modeling will be used to assess changes in those relationships over time.

PROJECT NUMBER.....5 K07 AG00678-03

INVESTIGATOR NAME/ADDRESS

WYKLE, MAY L

CASE WESTERN RESERVE UNIV

10900 EUCLID AVENUE

CLEVELAND, OH 44106-4904

AWARD AMOUNT..... \$86,425

PERFORMING ORGANIZATION: CASE WESTERN RESERVE UNIVERSITY

TITLE: GERIATRIC LEADERSHIP ACADEMIC AWARD

ABSTRACT:

This proposal is for the expansion and continued development of research, education and service in aging at Case Western Reserve University under the leadership of Dr. May Wykle, Director of the University Center on Aging and Health. Plans are to develop research in educational programs among the departments of Arts and Sciences, the School of Management, Law School, School of Dentistry and MSASS. These departments currently have little or no research in educational activities in aging. Plans are to develop and coordinate aging activities in these under-developed areas and to collaborate with existing programs in aging at the University. To accomplish this goal, leadership activities will be conducted through the University Center on Aging and Health which is administratively supported by the FPB School of Nursing. The Center will expand its educational research endeavors to foster growth in aging activities throughout the University. The Center on Aging and Health offers a graduate certificate program in gerontology and will seek to develop this opportunity for undergraduates at the colleges and encourage students from all disciplines to participate in the program. This leadership award will enable Dr. Wykle to double the percentage of time spent in the Center and use the time exclusively to develop the objectives of the leadership proposal. These objectives are: 1) to develop research and education programs in aging in management, law, dentistry, MSASS, and School of Arts and Sciences; 2) to expand the existing programs in aging at the same schools to include opportunities for students in these areas to seek graduate certificates in gerontology; 3) to develop an undergraduate certificate in gerontology in arts and sciences in order to provide knowledge of aging for all students enrolled in the University; 4) to expand the personal growth leadership role and knowledge development of the candidate in research methods and analysis, and informatics and computer sciences; 5) to link the University's Schools with research activities in the community and in long term care to meet the interdisciplinary needs of older adults.

These objectives will be met through specific educational and research conferences, forums, proposal workshops, independent study, and faculty development seminars. During the first year of the grant a large amount of emphasis will be placed on development of faculty knowledge about older persons so that they may become more aware of aging issues and trends that need knowledge generation.

Centers, Program Projects, Subprojects

PROJECT NUMBER.....5 P50 AG11711-05

INVESTIGATOR NAME/ADDRESS
GLASGOW, NINA
CORNELL UNIVERSITY

AWARD AMOUNT..... \$116,535

ITHACA, NY 14853

PERFORMING ORGANIZATION: CORNELL UNIVERSITY ITHACA

TITLE: CORNELL CENTER ON APPLIED GERONTOLOGY

SUB TITLE: TRANSPORTATION AND SOCIAL INTEGRATION OF NONMETROPOLITAN
OLDER PERSONS

ABSTRACT:

Transportation contributes to nonmetropolitan elders' social integration by facilitating their social interactions, community participation, use of services and participation in social service programs. In this proposal we are interested in factors associated with effective transportation arrangements among elders living in a variety of relatively rural communities in Central New York and, in contrast, with the determinants of transportation disadvantage. The general analytical framework guiding the project is that rural elderly individuals construct their transportation arrangements in a variety of ways depending on their personal characteristics (ascribed and achieved), the nature of their social networks, and the attributes of their residential communities. Moreover, it recognizes that transportation arrangements can be disrupted or enhanced by changes in these factors. A panel survey will be conducted in Years 1, 3, and 5 to: a) describe and compare the social organization of transportation arrangements among nonmetropolitan elders; b) investigate the relative effectiveness of different transportation arrangements in maintaining social and community involvements and procuring goods and services; and c) determine how these transportation arrangements are altered as nonmetropolitan elders age, experience life course transitions, or undergo change in their helper networks, and we offered fewer formal transportation services. An educational intervention will be conducted in Year 4 to assist transportation disadvantaged elders, especially those who have recently lost transportation access because of life course transitions, to enhance the effectiveness of their transportation arrangements. The impact of this intervention for changing transportation-disadvantaged rural elders' knowledge, attitudes and practices regarding effective transportation will be evaluated in Year 5 with data collected in the survey's final wave.

PROJECT NUMBER.....5 P50 AG11711-05

INVESTIGATOR NAME/ADDRESS
MOEN, PHYLLIS
CORNELL UNIVERSITY

AWARD AMOUNT..... \$116,535

ITHACA, NY 14853

PERFORMING ORGANIZATION: CORNELL UNIVERSITY ITHACA

TITLE: CORNELL CENTER ON APPLIED GERONTOLOGY

SUB TITLE: A LIFE-COURSE APPROACH TO POST-RETIREMENT WORK AND
VOLUNTEERING

ABSTRACT:

Research on the factors leading to retirement and the consequences of retirement for health and well-being has been a primary concern of social scientists for several decades. In recent years their efforts have turned from snap-shot studies of retirees toward an examination of retirement as a process. In this proposal we draw on a life course approach and longitudinal data to be collected from retirees and older workers in two major corporations as well as those living in a largely rural county in upstate New York to understand the timing of retirement and its implications for post-retirement paid work and volunteering. We also plan to develop and test interventions designed to facilitate volunteer participation by retirees, and to study the pathways linking paid work, volunteer work, and health. Our goals are: (1) to formulate and test models of the causes, consequences, and pathways of post-retirement productive activity, (2) to elucidate the mechanisms by which current circumstances may affect choices concerning productive activity for women as well as men, managers as well as production and service workers, and (3) to test and evaluate the utility of various intervention strategies designed to promote volunteerism in the post-retirement years. We hypothesize that the process of retirement and activity in the post-retirement life phase are influenced by roles and resources throughout adulthood, as well as by current opportunities and situational constraints, including health. However, these factors may well operate so as to shape distinctive post-retirement life pathways by gender and by occupation. We also postulate that organizational interventions, as well as community-level interventions, should prove particularly effective in promoting productive lives in the form of active volunteering in the post-retirement third age of life.

P50AG117110003

This proposal seeks funding for a paired observational study and intervention examining the link between neighboring behaviors and the physical and psychological functioning of older adults. The role of neighboring in the maintenance of independent living situations of older adults, the nature and development of neighboring relationships, and the association of these relationships with physical and mental health have been neglected in current research on social support, personal relationships, and health. Yet, promoting the use of neighbors as adjuncts to the family and formal/agency support systems may have important practical implications (Litwak 1985). Research from the 1960s and 1970s indicates that neighboring may be an important complement to family support systems and be critical for older adults with no or limited family support. Neighboring can enhance the safety of older adults through a monitoring or "watching" function, improve access to critical goods and services such as grocery shopping, medical care and household maintenance, promote independence and positive feelings about the self, and enhance the general psychological well-being and social involvement of older adults.

Although neighboring can provide an important protection against isolation and neglect, it is undermined by privacy concerns, fear of others, time constraints, and lack of community facilities that promote social interaction. This proposal describes a three-year longitudinal survey project in two upstate New York communities to study naturally occurring neighboring behaviors and their relationship to physical

and mental health, and then to apply the findings in an educational intervention designed to assist and inform socially isolated respondents at risk for health problems about the benefits of neighborhood integration.

This proposal builds on research done by the principal investigator regarding the influence of social networks and participation on the health of older adults; the situational personal determinants of social network structure; and the role of social support in maintaining individual physical and psychological well-being.

PROJECT NUMBER.....5 P50 AG11711-05

INVESTIGATOR NAME/ADDRESS

PILLEMER, KARL A

CORNELL UNIVERSITY

AWARD AMOUNT..... \$466,140

ITHACA, NY 14853

PERFORMING ORGANIZATION: CORNELL UNIVERSITY ITHACA

TITLE: CORNELL CENTER ON APPLIED GERONTOLOGY

ABSTRACT:

A long tradition links social integration, the form of social support and involvement in multiple roles, with health and well-being. This knowledge base has clear implications for understanding and fostering effective pathways through the later years of life. The proposed Cornell Center for Research on Applied Gerontology will be organized around the theme of social integration as an essential avenue to improve the quality of life for other persons. The Center will draw on existing research findings, new data collected through survey research and intervention field studies, and a life course approach to understand and improve the social networks, social support, and social roles of individuals in late midlife and beyond, and to relate these forms of social integration to health and well-being outcomes. Center research projects will address significant practical issues related to the retirement transition and post-retirement productivity, isolation resulting from unsupportive neighborhoods or lack of formal services, and network deficits among family caregivers. The Center will be organized around the following objectives:

1. To foster productive collaboration on applied issues related to aging and social integration among a number of Cornell social scientists.
2. To link the researchers affiliated with the Center to practitioners and policymakers in order to insure that beneficial practical outcomes result from the Center's activities.
3. To conduct applied research to lay the groundwork for interventions related to social integration in later life. This research will provide valuable life history data on the patterning of social roles and social isolation, with special emphasis on gender, life course trajectories and transitions, and geographical context (rural versus urban).
4. To develop, implement, and evaluate interventions that promote social integration among older persons.
5. To disseminate knowledge about social integration to practice and provider groups, policymakers, and older individuals.

PROJECT NUMBER.....5 P50 AG11711-05

INVESTIGATOR NAME/ADDRESS
PILLEMER, KARL A
CORNELL UNIVERSITY

AWARD AMOUNT..... \$116,535

ITHACA, NY 14853

PERFORMING ORGANIZATION: CORNELL UNIVERSITY ITHACA

TITLE: CORNELL CENTER ON APPLIED GERONTOLOGY

SUB TITLE: SOCIAL NETWORK INTERVENTIONS FOR DEMENTIA CAREGIVERS

ABSTRACT:

Over two decades of research has demonstrated that family caregivers are at elevated risk of a number of negative outcomes, including psychological distress, physical illness, and economic strain, and in turn to disruptions in social relationships. Social support interventions have been seen as a primary response to preventing, postponing, or reversing these negative sequelae of caregiving. Despite this potential, there is a paucity of rigorous evaluation research on such interventions.

The proposed project will evaluate different modes of delivering social support interventions for family caregivers to relatives with Alzheimer's disease (AD) or other irreversible dementia. The project is grounded in theory and empirical research on status transitions and their impact on interpersonal relationships. This literature suggests that increasing the number of social network members who have undergone the same stressful situation (in this case, caring for an elderly relative) will lead to increased well-being among caregivers.

The study will advance knowledge in this area by employing a) a strong theoretical grounding for the intervention; b) a randomized control-group design; c) reliable and valid outcome measures that are closely related to the goals of the intervention; d) a descriptive process component; and e) longitudinal follow-up. The project will be conducted in close collaboration with practitioners, and results will be widely disseminated.

This design will allow exploration of the following research questions: 1. Does increasing the number of caregivers in an individual's network lead to positive outcomes? 2. Does the effectiveness of the program differ according to whether it is delivered in a group or dyadic setting? 3. Is the effectiveness of this intervention related to the structure of the individual's preexisting social network? 4. Is the effectiveness of this intervention affected by the degree of stress of the caregiving situation? 5. Does the effectiveness of the intervention differ in rural and nonrural settings?

PROJECT NUMBER.....5 P50 AG11711-05

INVESTIGATOR NAME/ADDRESS
WETHINGTON, ELAINE
CORNELL UNIVERSITY

AWARD AMOUNT..... \$116,535

ITHACA, NY 14853

PERFORMING ORGANIZATION: CORNELL UNIVERSITY ITHACA
TITLE: CORNELL CENTER ON APPLIED GERONTOLOGY
SUB TITLE: NEIGHBORING AND HEALTH BEHAVIOR

ABSTRACT:

0 SUBPROJECT ABSTRACT NOT AVAILABLE. PARENT ABSTRACT:

A long tradition links social integration, the form of social support and involvement in multiple roles, with health and well-being. This knowledge base has clear implications for understanding and fostering effective pathways through the later years of life. The proposed Cornell Center for Research on Applied Gerontology will be organized around the theme of social integration as an essential avenue to improve the quality of life for other persons. The Center will draw on existing research findings, new data collected through survey research and intervention field studies, and a life course approach to understand and improve the social networks, social support, and social roles of individuals in late midlife and beyond, and to relate these forms of social integration to health and well-being outcomes. Center research projects will address significant practical issues related to the retirement transition and post-retirement productivity, isolation resulting from unsupportive neighborhoods or lack of formal services, and network deficits among family caregivers. The Center will be organized around the following objectives:

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- 2 To link the researchers affiliated with the Center to practitioners and policymakers in order to insure that beneficial practical outcomes result from the Center's activities.
- 3 To conduct applied research to lay the groundwork for interventions related to social integration in later life. This research will provide valuable life history data on the patterning of social roles and social isolation, with special emphasis on gender, life course trajectories and transitions, and geographical context (rural versus urban).
- 4 To develop, implement, and evaluate interventions that promote social integration among older persons.
- 5 To disseminate knowledge about social integration to practice and provider groups, policymakers, and older individuals.